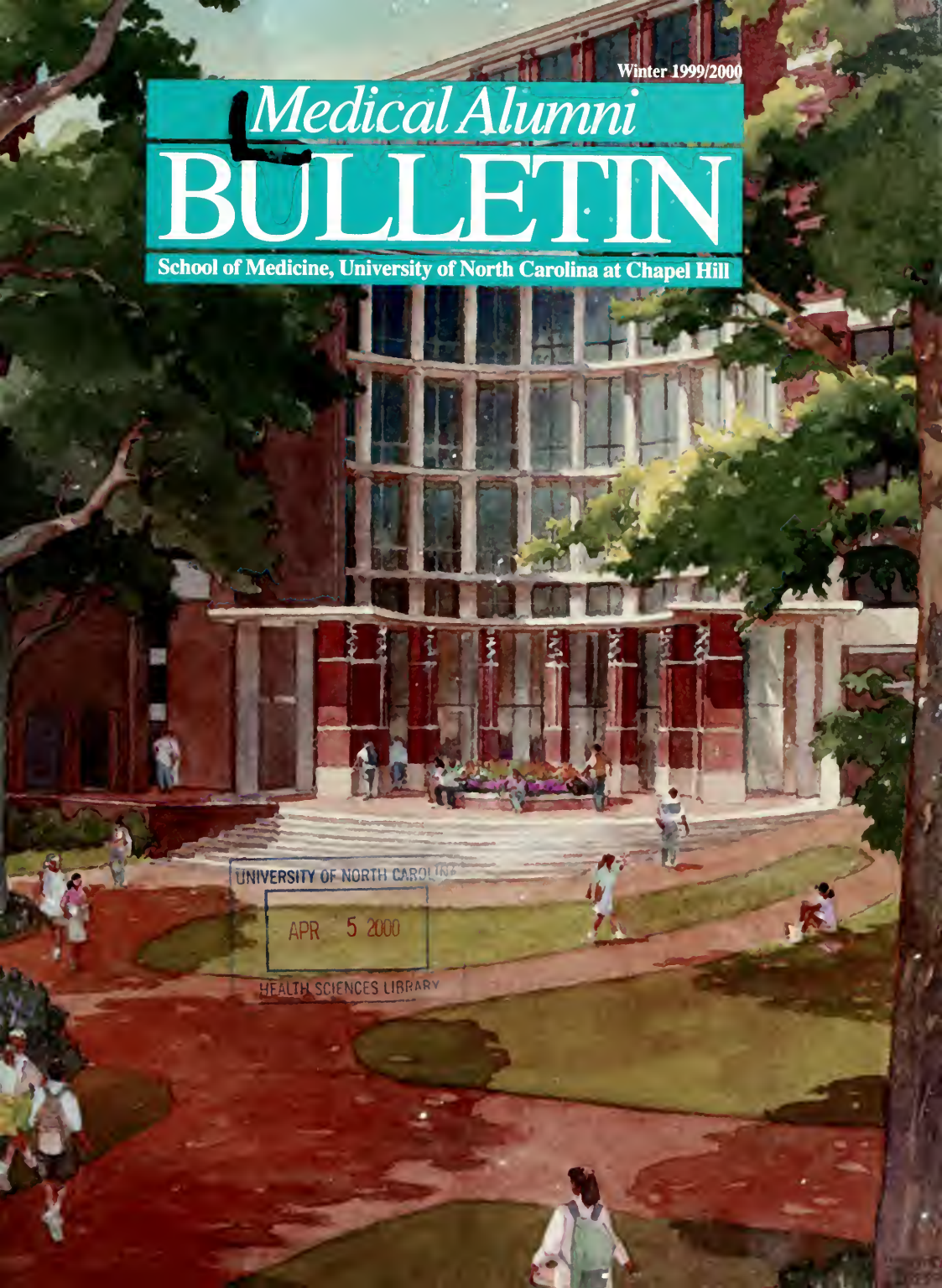
Winter 1999/2000

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



UNIVERSITY OF NORTH CAROLINA
APR 5 2000
HEALTH SCIENCES LIBRARY

Dean's Page

During a recent lunch with medical student leaders, they described several programs they are developing to improve the delivery of health care to North Carolina's rapidly growing Latino population. I am proud that our students are continuing our school's tradition of creating new programs to meet community needs. I asked Dr. Cheryl McCartney, Executive Associate Dean for Medical Education and Dr. Georgette Dent, Associate Dean for Student Affairs, who mentor and support these leaders, to describe the student initiatives below.

Jeffrey L. Houpt

Jeffrey L. Houpt, MD
Dean, School of Medicine

In the past 35 years, Latinos have become the largest immigrant group to the United States; in North Carolina, the Latino population increased 94.7 percent during the 1990s. Although our state's Latinos have diversified their employment from rural farm work to jobs in urban construction and hospitality, this population remains in the ranks of low wage earners who face language and cultural barriers to our state's health care system. Four medical student organizations are addressing these issues: Spanish-speakers Assisting Latinos Student Association (SALSA), the Student Health Action Committee (SHAC), Prevention in ACTion (PACT) and the International Health Forum (IHF).

SALSA was organized in 1997 by three medical students: Marchi Lopez-Linus ('99), Romulo Colindres (MS4) and Suzanne Strandhoy ('99). The initial 20 members provided Spanish-language interpreter services to the maternity and well-child clinics at the Chatham County Health Department in Pittsboro and our local student-run SHAC clinic. SALSA's current 80 members also serve the Wake County Health Department's clinics in Zebulon and Fuquay-Varina, UNC Hospitals and the SHAC health-care booth at the annual fair, *la Fiesta del Pueblo*. Dr. Alan Cross (adolescent medicine) is the faculty adviser for SALSA and this year's co-coordinators are Vaishali Gupta (MS2) and Keith Kocher (MS2).

The SHAC Clinic, located in Carrboro, is the oldest student-run, free health care clinic for indigent patients in the United States. SHAC's patients now include a significant number of Latinos. SHAC co-coordinators this year are David Yale (MS2) and Eric Wolak (Nursing '00). The faculty adviser is Dr. Adam Goldstein (family medicine).

The IHF discusses international health issues and promotes opportunities for medical students to study abroad. Recently, interest in research and service projects in Spanish-speaking countries resulted in students traveling to Costa Rica, Honduras, Bolivia and Mexico. Funded by our school's foreign fellowship grant or by loans, students have improved their Spanish language skills while conducting supervised projects. This year's IHF co-presidents are Todd DeVries (MS2), Matthew Foster (MS2) and Alan Schulman (MS2). Caroline Stuck, deputy director of the Office of International Affairs, is the IHF faculty sponsor.

PACT students focused on migrant health issues this fall. With support from the UNC Program on Prevention and the Wake County Health Department, students were on the front lines of prevention in the free clinics for these Latino workers. Rachel Reisner and Miriah Teeter (both MS2, PACT co-presidents) organized groups that prepared culturally sensitive, Spanish language curricula about prevalent health problems of the community such as diabetes, hypertension, green tobacco illness, sun exposure and dehydration. PACT's faculty adviser is Amy Ward. Program on Prevention co-directors are Drs. Russ Harris and Linda Kinsinger (internal medicine).

Medical student enthusiasm for improving Spanish fluency has galvanized co-presidents of our second-year

class, Heather Crouse and Rebecca Sands, to coordinate the development of a medical Spanish course for intermediate speakers. Internist and co-director of Introduction to Clinical Medicine, Dr. Marco Aleman, will direct this course, emphasizing the language skills needed to interview and examine patients. Associate University Provost Ned Brooks, who has supported the health affairs interdisciplinary Spanish course, *La Charla*, has funded the initial development of the course, and Dean Houpt will continue the funding.

Students discussed the creation of a special clinical track for those who want to develop their Spanish skills and cultural competency. Students could choose to complete required clinical course work in selected communities with a significant Spanish-speaking population.

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

Medical Alumni Association Officers

President
Gordon B. LeGrand, MD '65
Raleigh

President-Elect
Paul E. Viser, MD '84
Clinton

Vice President
Thomas J. Koontz, MD '66
Winston-Salem

Secretary
Ralph L. Wall Jr., MD '78
Winston-Salem

Treasurer
William M. Herndon, Jr., MD '81
Charlotte

Editorial Staff

John W. Stokes
Vice President, Public Affairs & Marketing

Debra Pierce
Managing Editor

Leslie F. Lang, Melissa Matson, Karen Stinneford, Lynn Wooten
Contributing Writers

Jon Rottet (pg. 11)
Bill Reaves (pg. 12)
Starlyn Combs (pgs. 21, 22)
Don MacKenzie (pg. 22)
Photographers

The *Medical Alumni Bulletin* is published four times annually by the UNC-Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the non-profit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Medical Center Public Affairs, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514

Contents

Features

Missionaries of the Medical Type 3

Building An Academic Medical Center 6

The Campus Master Plan 8

Surgery Students Create Hugh Williamson Society 9

Cuban Pediatrics Patient Takes International Adventure 10

At 97, He Stares at Scars So Others May Breathe 12

UNC Study Points to Chromosome Site of Autism Gene 14

Alumni Profile: Frank Huyler, MD '93 18

Women in Leadership 20

Alumni Weekend 24

Departments

Dean's Page ..... Inside Front Cover

News Briefs 2

Alumni Notes 13

Faculty Notes 15

Research Briefs 16

Development Notes 23

President's Letter ..... Inside Back Cover

CME/Alumni Calendar ..... Back Cover

On the Cover – The Medical Biomolecular Research Building is just one of half dozen capital building projects the School of Medicine currently has under construction. The foundation package is part of phase one with construction of the 100,000-square foot facility included in phase two of the building program. *Rendering is courtesy of Lord, Aeck & Sargent*

News Briefs

UNC now home to new nutrition research center

To help reduce the staggering toll of unnecessary illness and premature death associated with chronic disease and to understand better the links between such diseases and nutrition, the National Institutes of Health chose UNC as home of the nation's newest Clinical Nutrition Research Unit.

"In the next five years, we'll receive $4.7 million from NIH to establish and operate this unit," said Steven Zeisel, MD, PhD, chair of nutrition for the schools of medicine and public health and director of the new center.

"Our central goals will be to enhance the speed at which new laboratory discoveries are used in population-based and clinical research, to make sure that the education of health professionals includes nutrition and to help people learn how they can improve their diets to stay healthy," he said.

UNC will be one of only seven such units in the United States. Others are at Harvard, Washington University in St. Louis and the universities of Chicago, Washington at Seattle, Southern Alabama and Colorado at Denver.

For more information, see http://www.unc.edu/news/newsserv/univ/zeisel510139 9.htm.

Program on Health Outcomes receives $2 million grant

UNC's Program on Health Outcomes will receive nearly $2 million from the federal government to create a Center for Education and Research on Therapeutics that will develop innovative education and research efforts focusing on new and existing drugs and devices used in pediatric care.

The new center, is funded by a three-year, $1.98 million grant from the Agency for Health Care Policy and Research (AHCPR), part of the U.S. Department of Health and Human Services.

Carolina's newest research addition is one of four centers for education and research on therapeutics (CERT) created nationwide to boost the positive impact on patient care of medical products — drugs, biologics and medical devices — to reduce the human and economic toll of inappropriate use.

UNC researchers will focus on improving the health of children and adolescents. Potential research areas include therapeutic drug monitoring in HIV-infected children, drug metabolism, vitamin D-deficient rickets, asthma care, attention deficit-hyperactivity disorder and adverse drug reactions.

For more information, see http://www.unc.edu/news/newsserv/univ/sph092999.htm.

Adolescent mothers to benefit from new grant

UNC's schools of medicine and public health have received more than $1.5 million from the Robert Wood Johnson Foundation to support nurse home-visiting efforts that help first-time, low-income adolescent mothers and their newborns.

The funds are part of a three-year, $10-million grant awarded to the Children's Hospital Association of Denver to support such efforts in 40 communities nationwide. The grant will help establish a national center for the home-nursing program at the University of Colorado and a regional center to be managed by the UNC School of Public Health's North Carolina Institute for Public Health. In the next three years, the centers will train nurses and provide support to implement a network of programs in the communities.

The program provides in-home services during pregnancy and the first two years of a child's life. During weekly or biweekly visits, nurses help expectant and new mothers improve their knowledge of child health and development, build parenting skills and guide personal decision-making about employment, substance abuse and future pregnancies.

"The nurse home-visiting services promote health in all areas: physical, mental, emotional and social," said Terrence Kenan, special program consultant at the Robert Wood Johnson Foundation. "This program provides young, low-income mothers with crucial instruction, care and support that they might not otherwise receive."

New procedure offers alternative for nasal surgery

An ear, nose and throat doctor at UNC is using a new technology already proven successful in treating snoring to provide a less expensive, relatively pain-free alternative to traditional nasal obstruction surgery.

"This nonsurgical procedure, called somnoplasty, could change how we're doing things," said Wendell Yarbrough, MD, assistant professor of otolaryngology, who divides his time between head and neck cancer research and clinical duties. "The technology was first approved for treating snoring, which is treatment of the palate. It's exciting that another innovative use of the technology has been approved."

Somnoplasty delivers radio frequency energy through a needle, which, in the treatment for snoring, is put underneath the lining of the mouth.

"It creates a scar that, as it forms, tightens up the palate and decreases the volume and intensity of snoring," Yarbrough said. "The procedure is relatively pain-free — patients might need to take some Motrin or Tylenol immediately but narcotics for seven to 10 days are unnecessary. It's also more convenient and less expensive because it can be done in a physician's office and the patient can be back at work the next day.

For the complete story, see http://www.unc.edu/news/newsserv/research/yarbrou3 100199.htm.

Correction

In the Summer 1999 *Medical Alumni Bulletin*, we printed a News Brief titled "Womack Society Honors Plastic Surgeon." We inadvertently failed to credit Carl R. Hartrampf Jr., MD, with commissioning, funding and donating the portrait of Erle E. Peacock Jr., MD, JD. We extend our apologies.

Missionaries of the Medical Type

By Melissa Matson

Editor's note: Many UNC physicians traveled abroad this past year. This article is not intended to be comprehensive.

When most people think of missions, they think of something religious in nature. But that's only part of the definition. Webster defines a mission as "a sending out to perform a special service." And that special service can be anything — political, social, medical or otherwise.

Here at UNC, we have a history of teaching the next generation of doctors. We also have a history of sharing our expertise with other doctors around the state and the country. For some UNC physicians, that mission translates into traveling to less fortunate countries to train local physicians and provide medical services to local people.

Following are the stories of a few who have gone on medical missions this year.

Helping children in Venezuela

This September, James Fletcher, MBBS, clinical associate professor of anesthesiology, and Robert Valley, MD, associate professor of anesthesiology and pediatrics, went to Maracaibo, Venezuela with Rotaplast International*. They were there 12 days.

On the first day, the team of five surgeons and six anesthesiologists screened 180 pediatric patients prior to surgery. Then, during the next six days, the team operated on 163 patients to repair cleft lips, cleft palates or both. Fletcher and Valley each provided anesthetic services to five or six children per day.

As in the case of most medical missions, they brought their own equipment and supplies along with them, then set up for clinic and surgery in the local children's hospital. Fletcher said of the facilities, "The hospital lacked much of the equipment that we see around American hospitals, but our hosts still had a good infrastructure for us to plug into. I learned you can achieve a whole lot with few resources."

Valley agreed. "It was much easier than I expected to maintain an excellent standard of care in a less-advantaged health care facility," he said. "All it took was a little ingenuity and a great team."

"The whole trip was intense," said Fletcher. "To see children transformed from social outcasts because of facial deformities to socially acceptable was amazing. The parents were indescribably happy to have their children's appearances improved."

Both Fletcher and Valley plan to go on future trips.

**The mission of Rotaplast International, Inc. is to provide free reconstructive surgery for indigent children with cleft lip, cleft palate and other facial deformities. Volunteer doctors and nurses are matched with Rotary volunteers in host countries, who take care of paperwork, find patients, and provide operating rooms and housing for the team.*

Fixing hearts in Nicaragua

You'd never know from the beautiful Pacific coast that Nicaragua has been through two wars in 20 years. But it has, and those wars have taken a toll on the country's infrastructure.

Since 1986, a group of North Carolina surgeons have sought to help remedy that by traveling to the country on medical missions. They've done so through "Nicaragua: A Project Leon," a program started by John Paar, MD, a Raleigh cardiologist.

William Sullivan, MD, a general surgeon at Wake Medical Center, AHEC appointee, and team member, presented his most recent trip to Leon, Nicaragua during Surgery Grand Rounds last fall. "Our trips are a little different from some in that we go primarily as collaborators," said Sullivan. "Nicaragua has no lack of doctors. What they lack are resources. So we go to assist and exchange ideas."

Built in 1979, Leon's public hospital has 250 beds, including an eight-bed ICU. Despite its size, the hospital can care for a relatively small number of patients because of limited supplies. "There's a lack of nursing help, equipment, drugs, and things such as sutures and gauze," Sullivan said. "It's humbling to realize how much we have and take for granted here in the U.S."

In recent years, Sullivan and his team have shipped surgical books, anesthetic machines, fetal monitors, surgical cauteries, pulse oximeters and surgical instruments to the hospital in Leon.

When asked why he goes on these trips, Sullivan said, "Your success as a surgeon depends on the number of patients who leave the hospital better than when they came. To help the people of Leon and see their improvement is an honor."

Repairing urology problems in Belize

In January 1999, a pediatrician from Goldsboro called Tim Bukowski, MD, medical director for UNC's pediatric urology service. "I have a child with a urethral obstruction that I'd like you to see," said the doctor. "The only problem is that he is in Belize."

Bukowski agreed to evaluate the child. He decided that rather than have the child come to the United States, it would be easier on everyone if he went there. He was soon contacted by Egbert Grinage, MD, a pediatrician in Belize and founder of Friends of Pediatrics, a grass roots organization that brings specialists to Belize through the support of the Belize City Rotary Club and local companies.

Bukowski went on his first trip last April. He spent three days there, during which time he saw 40 patients and operated on 10. When he went again in September, he saw 80 patients and operated on 12, using many of the cases to teach the local doctors.

Tim Bukowski, MD

The Belize medical system is state run. "There are five public hospitals and a smattering of private medical practices like in Britain," said Bukowski. "The problem there is technology. I can help by bringing the technology to them."

What did Bukowski take away from the trip? "I guess the biggest thing I took away was how crucial it is that the host country need and want your help," Bukowski said. "These types of missions don't work unless the country has some sort of system to bring specialists in and get patients to the facilities."

Bukowski said that the real hero in the story is Dr. Grinage, the Belizian pediatrician, who has worked through the years to better medical care in his country. "He really is a remarkable man," said Bukowski. "His next goal is to build a pediatric intensive care unit."

Bethany Crippled Children's Center, Kijabe, Kenya

Making Indian women healthier

Gil Reid, MD '93, chief resident in OB/Gyn, spent 10 days in Jamkhed, India, a village 450 miles east of Bombay. It was there that he witnessed and participated in a successful rural health project.

For his third-year residency project, Reid had a choice of research or a clinical experience away from campus. He chose the latter. "I decided to go that route for two reasons," said Reid. "First, I had never experienced life outside the developed world, and second, it would be a chance for some great surgical experience."

He traveled with then-UNC fellow Jeff Wilkerson, MD, a specialist in urogynecology, to the Comprehensive Rural Health Project in Jamkhed. Established by two Indian physicians trained at John Hopkins University, the program trains lay people in outlying villages to provide simple medical care such as vaccinations, prenatal care, and monitoring vital signs.

On their first day, Reid and Wilkerson held clinic for 52 women. "We set up two exam rooms. There were no beds with stirrups, so we used regular tables for the exams," Reid said.

During their 10-day stay, they performed 12 major urogynecological surgeries, most of them vaginal vault prolapse repairs. "The degree of prolapse was amazing," said Reid. "It's due to poor nutrition and the high number of children each woman bears."

Of the rural health project, Reid said, "The doctors are able to provide medical care that helps the people physically, but the biggest impact is social. By training women in the lowest castes to be lay health workers, they have assured them a place in their villages."

Fixing facial deformities in Africa

This summer, Brian Jewett, MD, chief ENT resident, traveled to Kijabe, Kenya with World Medical Mission.* He was joined by three other American surgeons, a family practitioner and an anesthesiologist on the two-week trip.

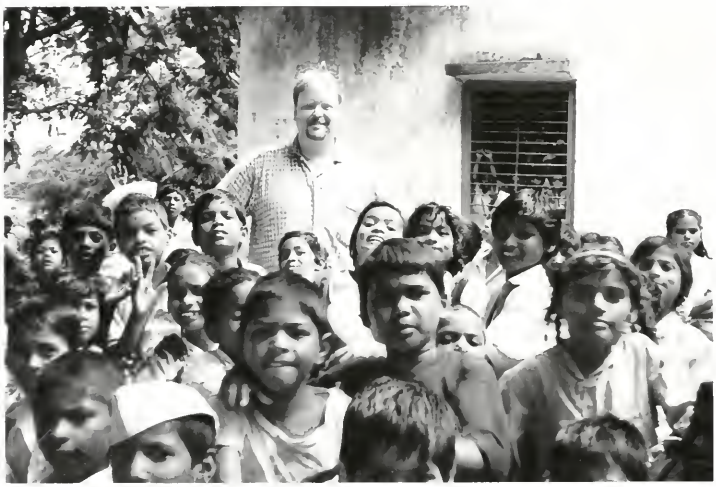
For many Kenyans, medical care is difficult to come by. "Kenya has a shortage of medical providers, and most of them concentrate their efforts in Nairobi," said Jewett. "Many people in outlying areas cannot get to Nairobi for medical care. So when specialists come to Kijabe, they go there."

The team spent their time at Bethany Crippled Children's Center, a 36-bed rehabilitation center. While there, Jewett and the others operated on 60 children with cleft lip or palate. They also saw 60 pediatric patients per day for other ENT problems, such as thyroid disorders.

"I was impressed by the dedication of the OR staff," Jewett said. "Some of our days were up to 14 hours long, but the staff were the first ones there and the last ones to leave. They wanted those children to receive the care they so desperately needed."

Jewett found that the Children's Center served not just as a rehabilitation facility but as a teaching hospital. "Throughout the year, British, German, American and other specialists come to Kijabe to provide services," said Jewett. "Doctors training in Nairobi will visit the center to learn from the foreign doctors."

**World Medical Mission is an offshoot of Samaritan's Purse, a humanitarian organization run by Franklin Graham, son of Billy Graham.*



Gil Reid, MD, in Jamkhed, India

International Health Program Receives $88 Million Federal Contract

An international health program at UNC recently won $88 million from the federal government, making it the largest contract awarded to the university in its 206-year history.

The five-year cooperative agreement between INTRAH and the U.S. Agency for International Development (USAID) also is the largest awarded to any of the 16 campuses in the UNC system, said Dr. Richard W. Linton, associate vice president for research and director of sponsored programs at UNC General Administration.

The $88 million will allow the program to implement USAID's new Primary Providers Performance Improvement in Reproductive Health Project (PRIME II), which is designed to create sustainable, national systems for training and education in family planning and reproductive health in developing countries.

PRIME II aims to improve the work performance of primary health-care providers in Africa, Asia, Latin America, the Caribbean, the Near East and the new independent states of eastern Europe and the former Soviet Union, said Dr. James W. Lea, director of INTRAH and the UNC School of Medicine's Office of International Affairs.

Since its start in 1979, INTRAH and its worldwide efforts have followed Carolina's long-standing tradition of extending its educational and service capabilities beyond the physical boundaries of the campus, Lea said. He compared INTRAH with the successful N.C. Area Health Education Program, which improves the supply, distribution and quality of primary health-care providers across the state.

"Our program crosses traditional departmental lines and allows us to apply the university's enormous expertise directly upon improving the health of mothers and infants — a crucial area of concern for people in North Carolina and around the world," Lea said. "That's what we'll do even more vigorously, thanks to this renewed financial support."

With this latest $88-million cooperative agreement, INTRAH has received more than $200 million from USAID since 1979. INTRAH has helped local health-care workers offer men and women improved access to quality family-planning services, prevented unwanted or unplanned pregnancies and campaigned against HIV and other sexually transmitted diseases.

"We strengthen the performance of providers as they strive to improve family planning and reproductive health services in their communities," Lea said. "We do our work through training and other innovative learning methods, adapting cutting-edge technology and collaborating closely with host country colleagues to support national reproductive health goals and priorities."

"Our program crosses traditional departmental lines and allows us to apply the university's enormous expertise directly upon improving the health of mothers and infants..."

The PRIME II project brings together organizations experienced in international health and development. They include Ipas, a nonprofit reproductive health group based in Chapel Hill; AVSC International of New York; Abt Associates of Cambridge, Mass.; Training Resources Group Inc., of Alexandria, Va.; and the Program for Appropriate Technology in Health in Seattle. The American College of Nurse Midwives and Save the Children Federation also will work with the project. INTRAH has offices in Togo, India, Kenya and the Dominican Republic.

Building an Academic Medical Center

By Karen Stinneford

While it might surprise someone navigating around the dump trucks, cement mixers, pylons and construction fences that have come to symbolize "Manning Drive" on South Campus, the truth is the UNC School of Medicine still lacks sufficient laboratories, offices and classrooms needed to support, nurture and grow world-class research, clinical and teaching programs.

Given the university's many financial needs—such as sufficient faculty salary money to recruit and retain the best and brightest teachers and researchers and provide funds to establish their laboratories—a "building" can seem insignificant, at best. That is, until you try to find the physical space on campus to house those newly hired faculty.

At the most fundamental level, it is the physical buildings of UNC that permit its faculty, staff and students to fulfill the university's missions of teaching, service and research.

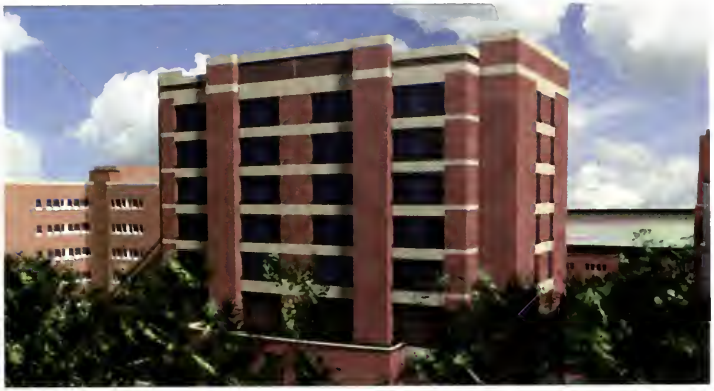
Here's a look at some of the School of Medicine's current and planned capital building projects:

Neurosciences Research Building

This building will replace the former Biological Sciences Research Center, which was torn down to make room for the new N.C. Women's Hospital next to the N.C. Neurosciences Hospital.

"When the BSRC went offline to make way for the new hospital, the medical school incurred a significant loss of space," explained David Perry, executive associate dean for administration. "The new Neurosciences Research Building barely gets us back to where we were before in terms of research space, so we are greatly looking forward to its coming online."

The eight-story building will cost about $30 million, and school officials



Neurosciences Research Building

plan to start moving faculty into the building sometime this summer. It is located on Columbia Street, behind the Thurston-Bowles Building.

The building's "anchor tenant" will be the UNC Neuroscience Center, directed by William Snider, MD, '77. The building also will provide permanent space for the neurobiology curriculum, additional space for several new faculty members in basic neuroscience, and faculty "incubator" space for the development of clinical neuroscientists with direct research ties to basic scientists in the center.

Two entire floors of the building will be devoted to laboratory animal medicine, one of them specifically to house an Animal Models Center (funded in part by the Keck Foundation) for UNC's "mousers," researchers who specialize in the study of mouse genomics. Oliver Smithies, DPhil, Nobuyo Maeda, PhD, and Terry Van Dyke, PhD, are just some of the faculty members steering UNC's internationally renowned mouse genomics program.

Another floor will house the building's administrative and mechanical functions, and school administrators currently are considering how to best parcel out the remaining three floors of undesignated research space.

The Medical Biomolecular Research Building

This 100,000-square-foot, $64-million facility could house 60 to 80 principal investigators – presuming the necessary funding becomes available to build it.

The building was approved by the N.C. General Assembly with the understanding that the School of Medicine would finance half the cost through revenue bonds. The university is expected to issue the revenue bonds for the school's portion of the project sometime early this year. About $7 million of the state's share of the project has been appropriated by the legislature thus far, allowing the school to break ground and begin working on utilities and the foundation.

Unfortunately, the N.C. General Assembly made its agreement with UNC before Hurricane Floyd devastated eastern North Carolina.

"We are, for all practical purposes, out of research space, so this building is critically important to UNC's ability to seize opportunities for growth in research funding by the federal government and private industry," Perry said. "And we're in a great position to do so because of the caliber of our faculty and their demonstrated ability to garner our fair share of

those additional resources. Without that building, however, our ability to do that is seriously constrained.

"Having said that, though, who can say that a research building is more important than helping the residents down east rebuild their lives, their homes and their livelihoods? And that's the dilemma facing the General Assembly," Perry added.

Plans for the Medical Biomolecular Research Building include two auditoriums, one that would seat about 500 people, the other 300 people. The auditorium space also is critical, Perry said.

"There really is no place decent south of Manning Drive that you could call an auditorium," Perry said. "The lack of an attractive multi-media auditorium has been problematic for people trying to arrange lectures by distinguished visiting scholars and other events we want to encourage faculty, staff, students and the public to attend."

If all facets of the funding package become available on time, the building could be completed by mid-2002, Perry said.

Faculty Office Building

Plans put the Faculty Office Building on Mason Farm Road next to Odom Village and behind the medical center's parking decks convenient to the hospitals and the Ambulatory Care Center. The five-story, $35-million building would provide faculty, post-doctoral fellows and support staff with about 61,000 square feet of badly needed office space.

"The building predominantly would help our clinical departments by housing faculty and staff who now, often times, are housed in cramped, converted research laboratories and other sites," Perry said, adding that the building would accommodate faculty and staff currently working in various trailers and in the antiquated wings B, C, D, E and F of the medical school.

"Those wings were created nearly 50 years ago to be dorm rooms, not offices, yet we have them crammed full of people," Perry said. "The structures are mechanically frail, not readily accessible to the handicapped and located on what is 'prime real estate' for future hospital expansion, but we can't tear them down at this time because we have no place else for people to go. The advent of the Faculty Office Building will afford the school the opportunity to better house its very productive faculty and staff, and in time to demolish the antiquated wings to make way for future hospital expansion."

Medical Sciences Research Building

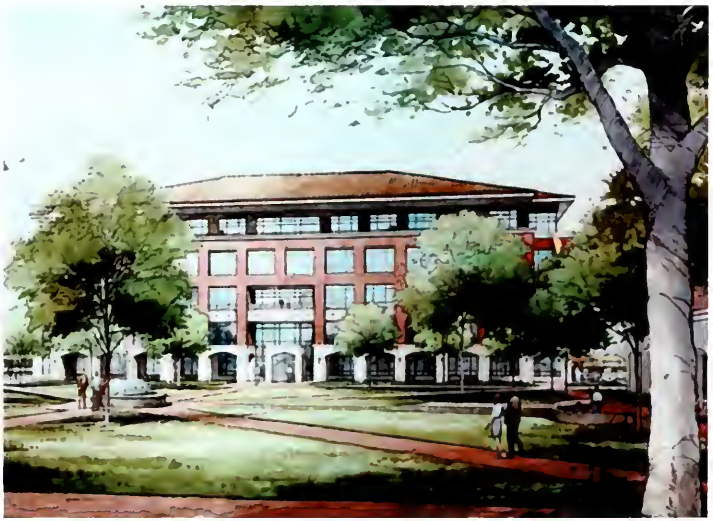
A wholesale gut rehab and constructive re-use of this 40-year-old structure which adjoins MacNider on the north end is the final component of the School's major capital program.

"All this vintage building's infrastructure — heating, cooling, plumbing, electrical systems — is antiquated beyond repair and in need of complete replacement," Perry said.

"While the building's size and configuration do not lend themselves to future use for state-of-the-art biomedical research purposes, the building can, when fully renovated and restored, serve the School well as teaching and academic support space. Our current thinking is that the MSRB, after renovation, would serve as the new home for the School's highly regarded Department of Allied Health Sciences, which for some time has been housed in substandard and insufficient space in the School's 'wings' buildings."

Other renovations underway include a floor-by-floor updating of Brinkhous-Bullitt and the Mary Ellen Jones buildings. Burnett-Womack and Berryhill Hall also need major attention.

"One of the challenges in renovating existing buildings is how to complete construction work at the same time you need faculty to continue to teach and conduct research in those structures," Perry said.



Faculty Office Building (courtesy BJAC)

The Campus Master Plan

Ayers Saint Gross, a Baltimore architectural firm specializing in college campus planning, was hired by UNC's Board of Trustees in 1998 to update the master land-use plan for the 740-acre central campus.

A master plan is a blueprint for possible development over a 20- to 50-year period. When completed, the plan will guide decisions about new buildings, renovations, green space, parking, transit and pedestrians — helping UNC prepare for future growth while enhancing the beauty for which the campus is so well known.

The last master plan for UNC's central campus was completed in 1991. Since then, several developments made updating the plan critical:

- A construction boom. Today, the central campus houses more than 150 buildings, plus 29 residence halls. Fourteen capital projects totaling $50 million were completed between July 1998 and January 1999, and 26 projects valued at $153 million now are under construction. Another 50 projects with a $279 million price tag are in design stages.
- Completion of the Chancellor's Intellectual Climate Task Force Report. Along with major recommendations about academic programs and facilities, the report stressed the importance of well-designed indoor and outdoor spaces to foster intellectual conversation.
- Enrollment growth. UNC trustees have endorsed a plan to add 3,200 new students by 2008. The endorsement stemmed from a UNC system call for its campuses to address a sharp increase in the number of high-school students who wish to attend college in the next decade.
- Shortage of research space. Recent studies commissioned by the UNC system and Carolina have documented an extreme academic space crisis on the Chapel Hill campus, especially for research laboratories and offices. Administrators say the lack of essential research, graduate student office and enhanced instructional space threatens the university's ability to attract and retain highly qualified faculty.

Medical Biomolecular Research Building

Surgery Students Create Hugh Williamson Society

The newly formed Hugh Williamson Society, a group for medical students interested in careers in surgery, held its first meeting last fall. The society's mission is to provide educational and mentoring opportunities for first- and second-year medical students interested in surgical practices in academic medical centers or community-based practices.

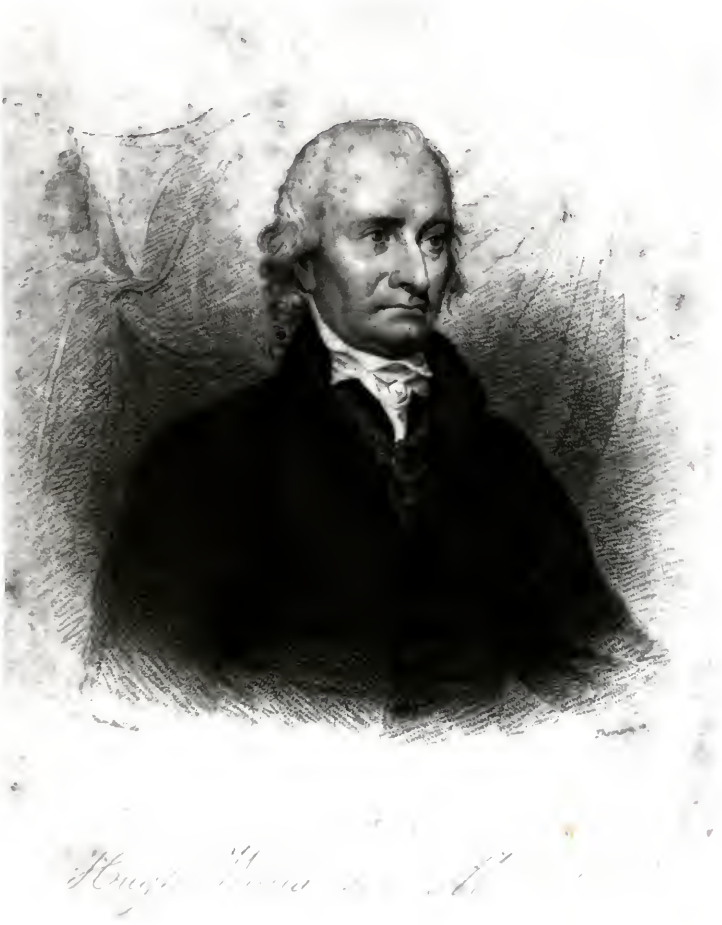
The society was named for Hugh Williamson, MD, in appreciation for his pioneering contributions to medicine in North Carolina during the era of the Revolutionary War. In 1780, Williamson was appointed surgeon general of some 4,000 North Carolina militia sent to help defend South Carolina and Georgia against British forces.

Williamson studied medicine under John Hunter, who is known as the "father of scientific surgery" and came to America after practicing on the European continent. Williamson served as a go-between for Benjamin Franklin and the leaders of the evolving American Revolutionary Committees of Safety. When the Revolutionary War broke out, he traveled to North Carolina, where he remained intimately connected with North Carolina troops until the war's conclusion.

Following the end of his career as an army surgeon in the field, Williamson became a distinguished legislator. He was an active delegate to the Federal Convention and served in the first U.S. House of Representatives. Along with William R. Davie, the founder of the University of North Carolina, Williamson helped choose the location of the university in Chapel Hill; he also served as one of its first trustees and donated money for the first library.

The Hugh Williamson Society's first speaker was Christopher Baker, MD, professor of surgery. Baker shared his insight on surgical careers based on information he has gathered during his 20 years as an academic surgeon.

David Gerber, MD, and David Ollila, MD, will serve as the society's faculty advisers. Students Ian Buchanan and John Meisinger will serve as co-presidents.



Besides offering students educational and mentoring opportunities, the society will select one student annually to receive the Hugh Williamson, MD, Award for Excellence in Surgery, to be presented to the outstanding student on surgical rotations at commencement. The winner will attend the annual Clinical Congress of the American College of Surgeons with support from the department of surgery and the ACS.

Cuban Pediatrics Patient Take

By Lynn Wooten

All the conditions were present to produce a major media storm: Cuban President Fidel Castro, his political foe, U.S. Sen. Jesse Helms; the United States' controversial embargo that prevents medical supplies from entering the country and a theologically liberal congregation of N.C. Baptists.

At the eye of the media storm stood a 7-year-old Cuban boy about whom some Americans claimed — and Cuban officials denied — would die from a congenital liver ailment if he didn't get proper medical treatment in the United States.

The church involved, Pullen Memorial Baptist in Raleigh, learned about the plight of young Raudel Alfonso of Matanzas, Cuba, when one of its members, the Rev. Ned Walsh, a retired Baptist chaplain, visited the country scouting for Habitat for Humanity building sites. A doctor there told Walsh that Raudel needed medical treatment in the United States because doctors couldn't properly treat him in Cuba.

Moved, Walsh was even more touched when he learned that Raudel's mother and father had lost two other children to the same liver ailment Raudel suffered. When Walsh returned to North Carolina, he enlisted his congregation to lobby the Cuban and American governments to allow Raudel and his mother to make an emergency trip to the United States.

To expedite the process, Walsh asked North Carolina's senior U.S. Senator, Jesse Helms, to intercede on the child's behalf. Helms, a longtime opponent of Fidel Castro and a staunch supporter of the U.S. embargo of Cuba, contacted U.S. Secretary of State Madeline Albright seeking an emergency humanitarian visa for Raudel and his mother, Idalmis Alfonso Garcia.

In the meantime, organizers of Raudel's visit approached UNC Hospitals and asked officials to treat Raudel. The hospital agreed.

After Cuba showed little sign of letting mother and son leave, Illinois Gov. George Ryan, who was in the country on official business, heard of the problem and stepped in. Ryan negotiated the pair's release and accompanied them to Chicago before sending them on to North Carolina.

Raudel and his mother arrived at Raleigh-Durham International Airport Oct. 29 and were taken directly to UNC Hospitals. Having experienced a media maelstrom in Chicago, the two braced themselves for reporters and photographers awaiting them at the airport and hospital, where they briefly posed for photographs. Media including CNN, ABC News, USA Today, the Associated Press, *The Chicago Tribune*, *The News and Observer* of Raleigh, *The Herald-Sun* of Durham and local TV stations followed Raudel's journey.

> "After the veins are clotted off — through a procedure called sclerotherapy that UNC pediatric gastroenterologists have done for more than 15 years — we believe Raudel can return to Cuba with this problem behind him at last," Rhoads said.

A UNC pediatric and surgical team led by Marc Rhoads, MD, professor of pediatric gastroenterology, found that Raudel suffered from portal vein thrombosis with extensive collateral circulation. This meant Raudel had several small high-pressure veins leading into his liver instead of one "high-flow" vein, and as a result, blood backed up into his esophagus. The condition often occurs as a result of an inflammation of the umbilical vein during the perinatal period — a medical treatment the youngster had received as a newborn.

A lengthy diagnostic process to help determine the best course of treatment ensued.

"He got a really good looking over by many of us," said Rhoads. "All during his first week here, UNC doctors contemplated if surgery could be done to 'bypass' his clotted portal vein and decompress his large esophageal varices — the veins which bled when he was in Cuba."

"During an angiography, we learned that Raudel had developed a spontaneous shunt. Thus, he already had a large, naturally developed left spleno-renal shunt, as well as extensive collateral veins going into the liver, which made the surgical creation of a spleno-renal shunt unnecessary."

UNC physicians determined that the best course of treatment was a series of sequential procedures rather than full-blown surgery. The relatively minor treatment, called endoscopy sclerotherapy, involves endoscopy and injecting Raudel's four large veins in the lower esophagus to clot them.

"After the veins are clotted off— through a procedure called sclerotherapy that UNC pediatric gastroenterologists have done for more than 15 years — we believe Raudel can return to Cuba with this problem behind him at last," Rhoads said. "There will be a small chance of re-bleeding, but the risk of massive hemorrhage will be very low."

Raudel underwent his first procedure Nov. 8, stayed overnight and was discharged. He and his mother stayed with members from Pullen Memorial Baptist before returning to UNC Hospitals two weeks later for follow-up esophageal sclerotherapy. In early December, Raudel and his mother returned to Cuba, where he might have to undergo the procedure one or two more times, Rhoads said.

"But he's looking fine," Rhoads said. "He's not having any symptoms at all. And he's now at lower risk of bleeding again."

nternational Adventure To UNC

Raudel Alfonso and his mother arriving at UNC Hospitals

At 97, He Stares at Scars So Others May Breathe

By Joel B. Obermayer
Reprinted with permission from the News & Observer of Raleigh

Herman Easom, MD

On a recent weekday morning, Dr. Herman Easom was in his office holding an X-ray of a man's chest. Leaning forward, he traced the faint outline of the bronchial passages. No scarring. He threw the film in a stack and pulled out the next one.

At age 97, he's been interpreting X-rays for the public health department for more than 60 years. He has no intention of stopping any time soon.

"I can't imagine not doing it," Easom said.

Indeed, he still does it twice a month, 200 X-rays at a time, making him the longest continuously serving public health employee the state has ever had.

Easom's career is legendary in the state public health department. He started the state's department of occupational health in the 1930s when he and an engineer drove around North Carolina in a pickup truck. Back then, they towed an X-ray machine so they could check workers' lungs for damage caused by industrial pollutants.

"He was a pioneer. Before Dr. Easom, there really wasn't much state involvement in [workers'] health," said Debbie Crane, state public health department spokeswoman. "And then, there's his endurance... He just loves what he does."

Easom, a Selma native, was a pre-med student at the University of North Carolina at Chapel Hill. In the 1920s, UNC had a two-year graduate medical program. To finish his medical degree, Easom had to travel to St. Louis. After that, he worked a summer for a state tuberculosis sanitarium. In 1935, he landed a job with the state public health department.

Back then, plenty of factories worked with asbestos. It was particularly popular to weave it into cloth for industrial uses.

Also, rock quarries and other companies that cut or crushed rock produced fine dust particles that workers routinely breathed in.

Few workers were aware of the health problems that could result.

Easom began to address that by setting up the North Carolina Dusty Trades Program. It was the first time the state had become actively involved in an occupational health issue.

Easom and an engineer set out to visit nearly every employer in the state who worked with asbestos or finely ground rock. Later on, the two men did another set of long road trips taking X-rays of workers' chests.

What they found was a public health menace. One of the places they visited was a mine in the Sandhills where workers were packing talc powder the consistency of fine flour; it was used as an additive in paint and for batteries. Looking at the X-rays, Easom found that one-third of all workers there, young and old, had lung damage from the dust.

"We were shocked. We had no idea the problem was that serious," Easom said. "The workers didn't know they were getting sick."

One exception was a man Easom met who could hardly breathe. The man was in his late 20s and had been bagging talc in the factory for less than 10 years. He eventually died because of the damage to his lungs, and Easom and a pathologist exhumed the body to prove that the man's death was caused by the dust.

That was turning point, Easom said.

He was able to use the autopsy to show the company and the workers what was happening. The company abandoned the plant and replaced it with one that had much better dust control. Easom persuaded many other employers to change their practices, as well.

Easom, working with members of the U.S. Public Health Service, published a pair of research papers about what he had found with his X-rays. The papers eventually became the basis of national health policies followed by the Centers for Disease Control and Prevention and the National Institutes of Health.

Pat Curan, an industrial hygiene engineer in the state Department of Health and Human Services, said he has known Easom for 28 years but has rarely heard him talk about this accomplishment.

"His papers were the backbone of national health policy, but he doesn't talk about it except in tidbits. He's too modest," Curran said. "I had to hear about it from the folks at CDC and the National Cancer Institute."

Easom eventually decided he wanted to see patients regularly. In 1944, he took a job as director of a state sanitarium for tuberculosis patients in Wilson. He often read X-rays there looking for lung damage.

But his hospital was as much as warehouse as a treatment facility. For TB, there were no effective drugs. Patients were prescribed rest and, occasionally surgery, but the disease often won. Of 500 patients at the sanitarium, about 40 a year died. Easom would return to Raleigh on weekends to read chest X-rays for the Dusty Trades Program.

Again, Easom was at a historical turning point.

In the 1950s, antibiotics were introduced that could attack tuberculosis.

"It was a huge change. The drugs made all the difference in the world," Easom said. "People who would have surely died, got up and walked out of the hospital."

By 1955, the sanitarium was no longer needed and was converted to a mental hospital. But Easom continued to work on TB issues, running seminars and clinics for county health departments. He retired in 1975.

Of course, that couldn't keep him from coming to Raleigh to read his X-rays.

Over the years, a stroke and cataract surgery haven't stopped him. He has slowed down a bit, and he doesn't walk as well as he did, but his eyesight is still good enough to look at films. While he drives his Cadillac around Wilson, he now gets a ride for the trip to the Triangle.

"I've just been incredibly lucky," Easom said. "I've done more than I ever thought I'd do."

Alumni Notes

30s

Rufus R. Little, AB '28, MD '30, believes he may be the only living alumnus of the class of 1930. He asks if there are any other surviving '28 or '30 alumni that they notify the editor of the Medical Alumni Bulletin. Little, now 92, remains active. He and his wife have three grown children.

40s

Carlton G. Watkins, MD, FAAP '40, has written *Beyond Medicine: A Century of Parenting and Pediatrics in Charlotte and Mecklenburg Counties (1903-1999).* The book contains the biographies of 250 pediatricians, other physicians, dentists and other allied health personnel. It also records the history of government agencies and civil and social organizations involved in child welfare. The book is available from Broadfoot Publishing Company.

John B. Graham, MD '42, has published his fourth book since retiring in 1985. It is a cookbook titled *Southeastern Cooking.*

60s

Cy Gray, MD '66, plans to retire from his gynecology practice this winter. Gray says that his health is still good, and he looks forward to retirement. He was also recently elected president of the Southern Gyn/OB Society.

Howard D. Homesley, MD '67, has returned to Nashville, Tennessee, to join a group practice after 24 years in North Carolina.

70s

Carol A. Aschenbrener, MD '71, began her first two-year term as chair of the National Board of Medical Examiners in March. Her responsibilities include organizational consulting for academic and other healthcare organizations. Her specialties include strategy consultations, leadership development and executive coaching. Her email address is CAschenbre@aol.com.

80s

Anna Bainbridge, MS '82, has been promoted to Director of Practice at the American Physical Therapy Association located in Alexandria, Virginia.

Lisa Koehler Burke, MD '89, is an emergency medicine physician with Peachtree Emergency Associates at Piedmont Hospital in Atlanta. She and her husband, Andy, recently celebrated the birth of their son, Adam Marshall.

90s

Lori W. Balaban, MD '90, her husband, David, and son, Michael (age 3 1/2), recently welcomed Joseph Daniel into their family. Balaban is a pediatrician in private practice.

Lawrence R. Nycum, MD '90, recently completed a fellowship in gynecological oncology at Walter Reed Army Medical Center and the National Cancer Institute. He is now Division Director of Gynecologic Oncology at David Grant Medical Center, located on Travis Air Force Base in California. He holds the rank of major. Nycum also recently was awarded "Best Scientific Paper on Oncology" by the American College of Obstetrics Armed Forces District Meeting. He can be reached at lnycum@aol.com.

Billie Cosgrove, MD '92, and **Chris Cosgrove, MD '92,** are happy to be back in North Carolina. They have two children, Spencer, 5, and Elly, 2.

Cullen Ruff, MD '92, completed a fellowship in abdominal imaging at Georgetown University in June. He has joined Fairfax Radiological Consultants in Fairfax, VA.

Ruric (Andy) Anderson, MD '93, is an assistant professor of medicine and associate program director for the Internal Medicine Residency at the Medical College of Wisconsin in Milwaukee. He and his wife, Holly, are expecting their first child in April. He can be reached at ruric@mcw.edu.

Laura B. Enyedi, MD '93, joined the Duke Eye Center faculty as an assistant clinical professor of ophthalmology this August. Her specialty is pediatric ophthalmology and strabismus. She works part-time, as she is also the mother of 3-year-old Emily and 14-month-old Andrew. Her email address is enyed001@mc.duke.edu.

John Phipps, MD '93, joined Forsyth Internal Medicine in July 1998. His specialty is endocrinology. He and his wife, Melissa, are expecting their third child in February.

Allison Poston, MD '95, completed her pediatrics residency at the University of Kentucky in Lexington and has joined Pediatric and Adolescent Associates, a private practice.

William T. Smith IV, MD '96, has completed his internal medicine residency. He is now a cardiology fellow at Duke University Medical Center. He and his wife recently celebrated the birth of their son, William "Thomas" Smith V.

Harriet N. Davis, MD '99, has joined Ghent Family Practice Residency Program in Norfolk, Virginia. She can be reached at davishn@tammed.evms.edu.

UNC Study Points to Chromosome Site of Autism Gene

By Leslie F. Lang

UNC researchers and collaborating institutions are reporting evidence for a possible gene on chromosome 13 that causes autism.

The group's report was published Dec. 15 in the *American Journal of Medical Genetics*.

Autism is a severe neuro-developmental disorder marked by social and communication deficits and ritualistic-repetitive behaviors that are detectable in early childhood and continue throughout life.

"For a long time autism was not viewed as being a genetic disorder," said Joseph Piven, MD, professor of psychiatry and new director of the university's Mental Retardation and Developmental Disabilities Research Center. "It has a high degree of heritability, confirmed by twin studies that show a substantially higher rate in identical twins – so much so that heritability is more than 90 percent."

According to Piven, a child psychiatrist, families with an autistic child run up to a 5 percent risk of having a second child with autism.

"And while that percentage is not so high, it's substantially higher than the rate of autism in the general population, which is approximately five in 10,000 kids" he said. "The data is pretty overwhelming that autism is strongly genetic, more so than schizophrenia or diabetes."

Still, despite epidemiology evidence of a strong genetic influence, Piven and his collaborators note that the search for autism genes only recently has begun in earnest. The new study is one of a handful worldwide to genetically screen the DNA of nuclear families of autistic siblings.

This investigation involved 75 families with at least two autistic children, including three families having three autistic children. The children's ages ranged from 3 to 31 years old.

Findings were based on an assessment of participants' DNA prepared from blood samples. The researchers spaced 416 nucleotide markers on selected chromosome regions for each individual. The markers helped identify those regions across individuals containing similar clusters of nucleotide sequences. Statistical analysis then determined if the presence of these regions was significantly greater than chance. For a region of chromosome 13, the answer was yes.

The study also highlighted several other possible DNA hot spots for autism genes, notably a region on chromosome 7. This latter finding confirms a 1999 report by an international autism research team.

The new evidence also converges with that from another research group for a location in the same region of chromosome 7 that is currently implicated in some form of specific speech and language impairment, a disorder having characteristics that overlap that of autism.

According to Piven, a child psychiatrist, families with an autistic child run up to a 5 percent risk of having a second child with autism.

"We believe there must be more than one gene involved in autism," Piven said. "As in all complex behavioral disorders, there's no clear evidence when looking at family pedigrees or family trees that suggests a single-gene may underlie this disorder."

In the second stage of the project, also funded by the National Institutes of Health, the research group will add 100 new families for a follow-up analysis.

Participating institutions include New England Medical Center/Tufts University School of Medicine, Vanderbilt University School of Medicine, University of Iowa College of Medicine, the Johns Hopkins University School of Medicine and Harvard University School of Public Health.

Besides the genetics of autism, Piven also uses neuroimaging (with magnetic resonance imaging) to study structural differences in the brain of autistic individuals. He was the first researcher to report that brain size is greater in autistic persons, an enlargement that may be due to certain timing during the process of neuronal development.

With new funding from the National Institute of Mental Health, Piven's center is conducting a longitudinal study of children ages 18 to 35 months old with autism or probable autism.

"Basically, we want to look at the size and shape of the brain to gain insights into this observation of enlargement, that it may encompass some developmental abnormalities in the brain during early postnatal development," he said.

Faculty Notes

Damon Anagnos, MD, has been selected to participate in the 1999-2001 Teaching Scholars Program, a program designed to recognize and promote teaching as a critical scholarly function.

Christopher C. Baker, MD; Kevin Behrns, MD; Gerald Sloan, MD; Anthony A. Meyer, MD, PhD; Amelia Drake, MD; and **Timothy Bukowski, MD,** were among the faculty to receive School of Medicine Roster of Teaching Excellence awards.

Margaret E. Bentley, PhD, has been named associate chair of the Department of Nutrition. She will be responsible for oversight of academic programs in the department.

Culley Carson, MD, has been named president of the Urological Research Society. His term expires September 2000.

Elizabeth Crais, PhD, associate professor of speech and hearing sciences, was recently named a fellow in the American Speech-Language-Hearing Association. Crais was recognized for preparing graduate students and practitioners to provide family-centered assessment and intervention services.

Crais

Thomas E. Curtis, MD, professor of psychiatry, was recognized as the 1999 Distinguished Alumnus at the annual George Ham Symposium.

Matthew Ewend, MD, has been selected to participate in the 1999-2001 Teaching Scholars Program. He also received a Clinical/Translational Research Award from the UNC Lineberger Comprehensive Cancer Center.

Carol A. Ford, MD, assistant professor of pediatrics and medicine, received a four-year, $240,000 Generalist Physician Faculty Scholar Program Award from the Robert Wood Johnson Foundation. Ford will use the money to support her research of adolescent behavior.

Ford

Joyce Harp, MD, assistant professor of nutrition, received the James Woods Junior Faculty Award from the UNC School of Medicine. This award recognizes one outstanding junior faculty member for contributions to clinical teaching and research.

Hoffman

Karen K. Hoffman, RN, MS, CIC, clinical instructor of infectious diseases and associate director of the Statewide Program for Infection Control and Epidemiology, was recently honored by the national trade magazine, *Infection Control Today*, as educator of the year.

Jack Longenecker, PhD, clinical professor of nutrition, was selected as a fellow of the American Social Nutrition Sciences.

Alice D. Ma, MD, assistant professor of medicine, was awarded a Junior Faculty Scholar Award at the 41st annual American Society of Hematology (ASH) meeting held last December. The two-year award provides funding to scientists who have recently begun their research careers and are studying blood, blood diseases, or blood-forming tissues. Ma is one of seven scientists to receive a 1999 award.

Michael Mill, MD, interim division chief of cardiothoracic surgery, was named a member of the University Health Consortium's CPAC Heart Transplant Clinician Coordinating Committee and CPAC Heart Transplant Clinical Benchmarking Liaisons.

Mill

Kim Urich, MSW, clinical instructor and case manager for the UNC Craniofacial Center, has been appointed to serve on the National Advisory Dental and Craniofacial Research Council of the National Institutes of Health.

Research Briefs

Study confirms protein culprit in alcohol-induced liver disease

For the first time, UNC scientists have used gene-knockout technology to identify a key molecular player in alcohol-induced liver disease.

A report on the study appeared in the journal *Gastroenterology*. The findings carry implications for targeting new treatments aimed at preventing alcohol-induced hepatitis and cirrhosis.

"Having this knock-out technology will help us develop drug therapies for this devastating disease, which affects 11 million people in the United States alone," said senior study author Ronald G. Thurman, PhD, professor of pharmacology.

The report pointed to tumor necrosis factor-alpha (TNF-alpha) as the liver injury culprit. This hormone-like protein is produced in the liver and cells throughout the body. An immune system cytokine, it is a central pro-inflammatory molecule.

The study offers the first solid proof that TNF-alpha figures importantly in the development of early liver injury associated with long-term alcohol consumption. Previously, higher levels of TNF-alpha were found in alcoholics with hepatitis and laboratory studies have shown that antibodies to TNF-alpha attenuated alcohol-induced liver injury. But the cytokine's role in the disease remained unclear.

For more information, see http://www.unc.edu/news/newsserv/univ/liver100499.htm.

UNC researchers look at effectiveness of new cancer drug

A clinical study at UNC is testing the effectiveness of a new drug for treating cancers of the ovaries and endometrium, the lining of the uterus.

The clinical trial, sponsored by Eli Lilly and Co. of Indianapolis, is the only one in North Carolina to test this latest selective estrogen receptor modulator (SERM), known by its investigational number LY353381.

Unlike traditional chemotherapy, side effects associated with the drug are minimal. Moreover, the drug is given orally, rather than administered through intravenous infusion.

"Traditional chemotherapy is usually cytotoxic — it kills cells. And when it kills cancer cells, it kills some of your healthy cells," said Linda Van Le, associate professor of obstetrics and gynecology. "And side effects associated with traditional chemotherapy can include hair loss and decrease in white blood cell count. When white cell count is decreased, a major concern is an increased risk of infection."

According to Van Le, LY353381 does not have these side effects. However, there may be hot flashes and an increased risk of deep venous thrombosis, formation of blood clots in veins.

For more information, see http://www.unc.edu/news/newsserv/univ/serm2100199.htm.

New biomarker could improve screening for cervical cancer

Researchers at UNC are studying the value of a new biomarker for improving cervical cancer screening.

The clinical trial will examine cervical smears for telomerase, a protein released into cells when chromosomes shorten, stick together and become genetically unstable. The protein helps rebuild eroded telomeres, the caps at the ends of chromosomes. Its presence in cervical cells removed during Pap smear testing may help predict which women are at greatest risk for developing cancer.

"Pap smear screening has been very effective at decreasing the number of deaths from cervical cancer, but many of the abnormal results it produces do not lead to an increased risk of cancer," said John Boggess, MD, assistant professor of obstetrics and gynecology. "A lot of women undergo expensive testing and painful procedures only to find out they've got something that doesn't need treatment or is unlikely to become cancer."

According to Boggess, a gynecologic oncologist, Pap smear sensitivity is only 70 percent and can be as low as 50 percent in women with ulceration and inflammation of the cervix, conditions commonly found in women with cancer. More than 2.5 million abnormal Pap smears are reported in the United States each year.

For more information, see http://www.unc.edu/news/newsserv/univ/cervical100199.htm.

New molecular clues may help control herpes

A UNC study may have identified a new way to halt herpes simplex virus in its molecular tracks.

The findings — though still too basic for clinical use — shed new light on how this stubbornly, persistent virus reproduces itself within nerve cells and may suggest possible ideas for designing therapies aimed at specific molecular targets.

"The picture that's emerging is that the virus, because it's an intracellular parasite, subverts normal regulatory cellular mechanisms in ways that optimize its own replication," said Steven L. Bachenheimer, PhD, professor of microbiology and immunology.

Reporting in October's *Journal of Virology*, Bachenheimer and Tim I. McLean, a student of genetics and microbiology, noted that a cellular protein kinase called JNK (pronounced "junk") seems important for herpes simplex virus type-1 (HSV1) to replicate. HSV1 is the highly transmissible herpes virus associated with painful cold sores.

"If we inhibit the activity of JNK, we see a reduction in viral yield in the cell," Bachenheimer said. In some cells, the reduction was significant, he said. Viral replication was down about 70 percent.

For more information, see http://www.unc.edu/news/newsserv/univ/hepes101399.htm.

Protein in Epstein-Barr virus causes B cell lymphoma in mice

UNC scientists, working with colleagues in Japan, have proven that a protein called latent membrane protein 1 in Epstein-Barr virus causes a form of cancer known as B cell lymphoma in mice.

The work is important, the scientists say, because it shows the protein's central role in Epstein-Barr virus' ability to change normal cells into cancerous ones. That virus already is known to cause infectious mononucleosis in humans and has been associated with such malignancies as Burkett's lymphoma, Hodgkin's lymphoma and nose and throat cancer. It is especially hazardous to AIDS patients and other patients whose immune systems have weakened.

"We have shown for the first time that Epstein-Barr virus clearly can cause cancer," said Nancy Raab-Traub, PhD, professor of microbiology. "Now we can go after the specific protein that is responsible and perhaps one day stop that protein function and prevent the cancer from growing."

The first report on the continuing research appeared in the Proceedings of the National Academy of Sciences last year, and a second describing additional findings in an October 1999 issue of the journal Science.

For more information, see http://www.unc.edu/news/newsserv/research/raabt100799.htm.

Gene mutation tied to deafness in blacks, whites

A new UNC study is the first to establish that a gene mutation associated with about 20 percent of all cases of hereditary deafness found in white people is also found in blacks.

"There have been some reports in the scientific literature on Caucasians, but only a small study on African-Americans, and they didn't find the mutation," said Elizabeth M. Rohlfs, PhD, clinical assistant professor of pathology and laboratory medicine.

Rohlfs and colleagues tested DNA samples of 500 whites and 500 blacks for the mutation known as 35-delete-G (35delG). Healthy carriers of the mutation carry only one copy from either their mother or father. When each parent has a copy, one in four offspring risks inheriting a pair and is born deaf. These are the odds for inheriting a recessive genetic trait.

"We found a two percent carrier frequency of 35-delete-G in Caucasians and a 0.4 percent carrier frequency in African-Americans," Rohlfs said.

In North Carolina's general population, this ratio translates to a frequency of one in 10,000 for whites and 1 in 250,000 for blacks. The findings were reported at the annual meeting of the American Society of Human Genetics in San Francisco.

For more information, see http://www.unc.edu/news/newsserv/univ/dgene101999.htm.

Gamma tocopherol may boost risk of knee osteoarthritis

A component of vitamin E, known as gamma tocopherol, may somehow contribute to arthritis, a unique new study of vitamin E and the painful degenerative illness suggests.

The study, described at a recent American College of Rheumatology news conference in Boston, also suggests that having a high proportion of alpha tocopherol – the most common ingredient in vitamin E – relative to gamma tocopherol may help prevent arthritis, at least in knees.

Joanne Jordan, MD, research associate professor of medicine, presented the findings. A member of the Thurston Arthritis Research Center, Jordan is principal investigator of the Johnston County Osteoarthritis Project, a large, government-sponsored study of the illness that for the first time includes many black subjects.

For more information, see http://www.unc.edu/news/newsserv/research/jodan111799.htm.

This Doctor is No Stranger to Writing

By Melissa Matson

Frank Huyler, MD, MPH '93, enjoys observing the world around him. That characteristic has served him well in his career as an emergency room physician. It has also served him well in his avocation: writing poetry and prose.

Following up on a suggestion to write about his ER experiences, Huyler recently hit the road on a book tour promoting *The Blood of Strangers: Stories from Emergency Medicine*. In his book, he sought to recount interactions with patients in ways that would challenge his readers.

"There's a lot of hype surrounding emergency medicine," said Huyler. "And I saw this book as an opportunity to offer an honest look at an often misrepresented world."

In one story, for instance, Huyler describes caring for the victim of a gunshot wound. After rushing his patient to surgery and spending the night with him in the ICU, Huyler learned that the man was a murderer. He writes:

> When I came to see him, before sunrise, I found a police officer sitting in a chair reading a magazine. The policeman yawned when he saw me, put down his magazine, and came out to talk. "He's a bad one," he said, gesturing to the monstrously distorted figure. "We think he killed at least two convenience store clerks last year." "Really?" The cop nodded. "Killed them both, after he'd got the money... Right through the head. We've been after him for a year."

The child of two international schoolteachers, Huyler grew up overseas, in the United Kingdom, Japan, Brazil and Iran. "Growing up overseas, being a foreigner, encouraged me to sit back and look at the bigger picture," said Huyler. "It helped me as a writer."

In his late teens, Huyler decided to go to Williams College, a liberal arts college in Massachusetts, where he earned a Bachelor of Arts in English. It was during that period in his life that he began to write seriously. "Williams College was very fertile ground for me in that respect," said Huyler. "I had access to some very prominent writers who gave me valuable advice and encouragement. I've continued to write ever since."

Frank Huyler, MD, MPH, '93

Despite his obvious affinity for writing, he decided to pursue a career in medicine. "I wanted a sense that the daily work I did was important and that it had a tangible and real impact on people's lives," he explained. "I never considered the possibility of being able to support myself through writing."

With that motivation, he applied to and was accepted by UNC's School of Medicine. "I was really fortunate in going to UNC," said Huyler. "I was under the false impression before school started that I'd have to put my interest in the humanities on hold. But what I found is that UNC emphasizes the humanities in addition to the practical side of medicine."

Among his mentors at UNC were Judith Tintinalli, MD, MS, chair of Emergency Medicine, and Jim Manning, MD, associate professor of emergency medicine, who served as his career goal advisor. "They went out of their way to be supportive," said Huyler. "And they encouraged me to consider emergency medicine for my career."

After graduation, Huyler went to Albuquerque, New Mexico, for his residency. While there, he started on his first book. "My department chair, Dr. David Sklar, liked to write, and he knew that I did also," Huyler said. "So he suggested that I write

about my experiences in the ER for my residency project.

"I think it's all too easy in medicine to forget that what you're seeing is remarkable. So the remarkable becomes mundane," Huyler said. "Every once in a while, it's good to sit back and take stock of the work we do."

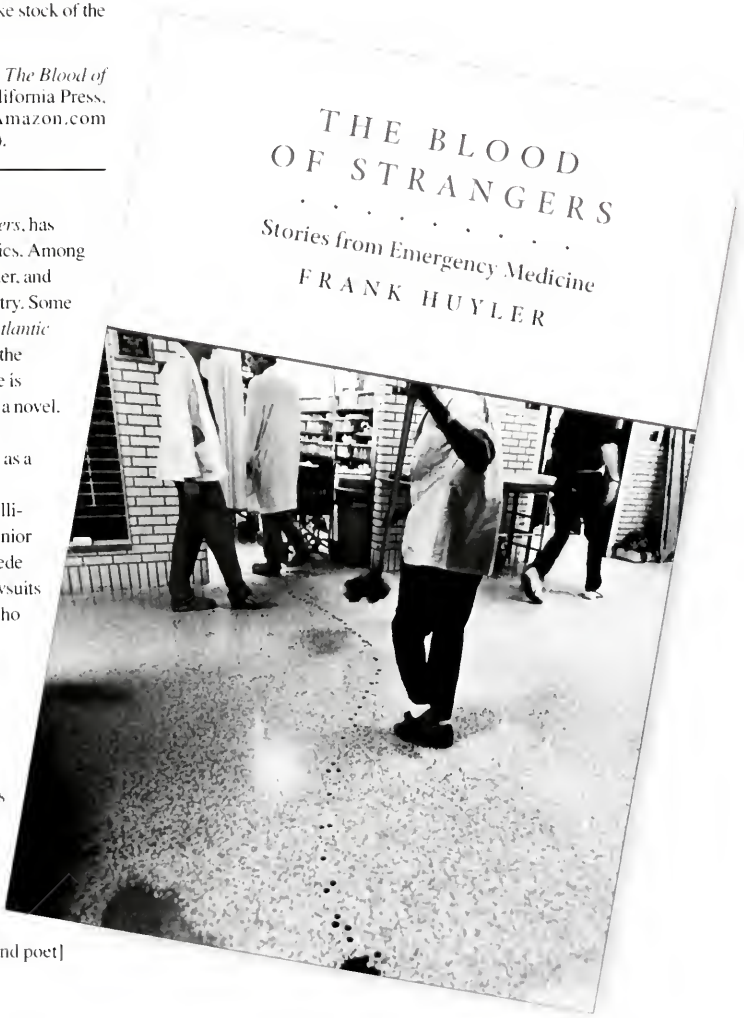
Editor's Note: As of our publication date, *The Blood of Strangers*, published by University of California Press, can be purchased on the Internet at Amazon.com ($13.97) or BarnesandNoble.com ($13.96).

Frank Huyler's book, *The Blood of Strangers*, has received numerous reviews by literary critics. Among them are the Boston Globe, The New Yorker, and Publishers Weekly. Huyler also writes poetry. Some of his poems have been published in *The Atlantic Monthly*, *Poetry*, *The Georgia Review* and the *Carolina Quarterly*. At the current time, he is finishing a book of poems and working on a novel.

"Huyler's writing is sharp and spare, clean as a scapel. . . This volume is a modest jewel, a compact, faceted gem that shines with intelligence. And, like the work of those more senior doctor/writer/philosopher kings who precede him, it proves that even in these days of lawsuits and HMOs, there are doctors and nurses who truly value the lives in their charge."
Boston Globe, 9/23/99

"This haunting, exquisitely observed collection of medical vignettes is much more than a compilation of odd cases from the emergency room. Huyler probes beneath the surface to reveal the marrow of his encounters with patients."
Publishers Weekly, 8/30/99

"His work shows the economy and sharp attention that both jobs [E.R. physician and poet] demand."
The New Yorker, 9/6/99



Women in Leadership

By Melissa Matson

While the fictional Dr. Quinn may have been an unusual fixture in her 1800s setting, women doctors are commonplace at the turn of the millennium.

According to the Association of American Medical Colleges, nearly 50 percent of medical school applicants are women. As a result, the number of female physicians is rising dramatically. And that fact has led to an increased desire among women to take on leadership roles in the medical field.

In academic medicine, leadership opportunities have been relatively slow in coming. The AAMC found that in 1998, only 27.4 percent of medical school faculty members were women. It also found that "the proportion of women faculty at the rank of full professor has remained virtually constant during the past 17 years." Another interesting fact: the average number of women department chairs per medical school is one.

Though there are more women in medicine, there are not a proportional number of women in leadership positions. One possible reason is women's efforts to balance career and family. Currently, most tenure tracks — the traditional way to advance in academic medicine — do not allow women to take time off to raise children.

Another possible reason is that women tend to have fewer networking and mentoring opportunities than men. "Like members of minority groups, women faculty members have a much harder time obtaining the necessary mentoring and building networks," said Janet Bickel, associate VP in the AAMC's Division of Institutional Planning and Development and head of the Association's Women in Medicine program. "Men tend to underestimate the extra challenges that result when you don't see people who look like you in positions of power."

UNC's School of Medicine is a little unusual in that female doctors have a variety of leadership roles, including several department chairs, deans, division chiefs and committee heads. *The Medical Alumni Bulletin* sat down with four of them to find out what their experiences in academic medicine have been like.

Judith Tintinalli, MD, MS

For Judith Tintinalli, MD, MS, chair of the Department of Emergency Medicine, gender has made little difference in her

Judith Tintinalli, MD, MS

career. "I'm fortunate to be in a specialty that's relatively new. And because of that, it's open to anyone who is smart, willing to work hard and good at what they do," said Tintinalli.

She found the same to be true during her early career in internal medicine. "I had no problems because I was a woman during medical school or residency," Tintinalli said. "All the way through, I assumed people would treat me for who I was."

"And now that I'm in a position of leadership, I make it clear that I have no gender agenda," said Tintinalli. "I do think women have to consider issues that men may not, but I want to see *everyone* who is good get a chance. I don't like to see polarization."

Her advice to people, male or female, who want to enter academic medicine — develop good clinical skills, learn how to be a good administrator, and develop a niche in scholarly activities. "In academic medicine, the path to promotion includes all three," said Tintinalli.

Valerie Parisi, MD, MPH

Valerie Parisi, MD, MPH, chair of the Department of Obstetrics and Gynecology, thinks that despite the positive changes for women in medicine, gender is still an issue. "For the most part, people in academia consider themselves gender neutral," said Parisi. "But my experience in OB/Gyn, which is a surgical specialty, has been that gender neutrality is not necessarily the norm."

Parisi points to the fact that few female doctors are in positions of "real" leadership. "Most women seem to stop in middle management," said Parisi. "Out of 125 medical schools, only seven or eight have female OB/Gyn chairs." The result, says Parisi, is that young women have few female role models.

Like Williams, Parisi is a strong advocate of mentoring. "Mentoring is crucial no matter who you are," Parisi said. "And I tell my students that they shouldn't have just one. They need two or three who can help with different aspects of their career."

Among Parisi's hopes for future female physicians: greater understanding throughout academic medicine of the value of female leaders and their potential contribution to the system. "We don't want to lose gifted women to second class jobs," Parisi said.

Valerie Parisi, MD, MPH

Carol Lucas, PhD

In the case of Carol Lucas, PhD, chair of the Department of Biomedical Engineering, she is a bit of an oddity. "My field is strongly tied to mathematics and engineering," said Lucas. "For that reason, I was often the only woman in my classes or workplace."

But, said Lucas, that too is changing. According to her, biomedical engineering is a specialty that has proven attractive to women. "You might call it the softer side of engineering," Lucas said. "This field has tangible links to human beings that makes it more appealing to women than traditional engineering."

For Lucas, being a woman in academic medicine has been both positive and negative. "I call it my life as a token woman," said Lucas. "For instance, years ago, I was named president of an international organization. That's because the members couldn't decide which of the men to appoint. Since I was the only woman, I made the decision an easier one."

What Lucas did find challenging in her early career was securing grants and publishing scholarly articles. "I didn't have the same network of contacts that many of my male counterparts did," Lucas said. "Because of that, I wasn't able to find out about as many opportunities."

Now, as one of the oldest women in her field, Lucas tries to mentor those just beginning. "I'm in a position to help other women get started," said Lucas. "And now, there's beginning to be a network that enables women to talk with and learn from others who have gone before them."

Roberta Williams, MD

Roberta Williams, MD, chair of the Department of Pediatrics, notes that her specialty was one of the first to welcome women. "The result is that the younger generation of pediatricians is predominantly female," said Williams. "Pediatrics is a very open discipline in which women are encouraged to move up the ranks. So it's also a natural fit for women who have an interest in leadership."

The only barrier Williams sees for women in academic medicine is the same for women of any profession. "The question is 'How will they manage their reproductive years?'" said Williams. "I think that we need to look at how we can give women an opportunity to participate in academia and still have a family. We need to consider things like job sharing and part-time tenure tracks." By doing so, believes Williams, academic medicine can ensure that it will attract and keep talented people.

She recommends that women interested in academic medicine do two things. First, find a mentor. "Women don't take advantage of mentoring to the degree that men do," said Williams. "Women need to give some thought to who has the best tools to help them direct their careers."

Second, assert your needs in the areas of time, salary and position. "Traditionally, women sell themselves short," Williams said. "All too often, women agree on a salary only to find that a male colleague makes more. Then they are dissatisfied."

Carol Lucas, PhD

Roberta Williams, MD

Development Notes

Donations benefit hospital chaplaincy program, plastic surgery research

It's not often that money given to The Medical Foundation has an obvious and direct clinical impact. But in the case of James and Hannah Bagwell's gift, it does.

In 1989, the Bagwells, who live in Washington, North Carolina, established the William Roberson Bagwell Chaplaincy Fund in memory of their son, who died that year of a brain tumor. Bill had served as UNC Hospitals' first chaplain dedicated to patients with HIV and AIDS until his death. His parents sought to keep their son's ministry alive by helping to finance the chaplain program for that special patient population.

Last November, the Bagwell's added $50,000 to the fund. In part, that money has gone to support the work of Peter Maffly-Kipp, chaplain to AIDS patients at UNC Hospitals since 1991. "This ministry is an essential one in this hospital, and it would not have been possible without the Bagwell fund," said Maffly-Kipp.

On the research side, James Valone, MD, a retired plastic surgeon from Raleigh, and his wife, Ethel, recently committed $1 million to The Medical Foundation to establish the James A. and Ethel F. Valone Plastic and Reconstructive Surgery Research Fund. The generous gift was structured so that part will be donated outright on an annual basis, and part will be received from the Valones' estate.

"Dr. and Mrs. Valone and their family are long-time friends of our program, and they know that we have very strong clinical and teaching components," said Gerald Sloan, MD, chief of the Division of Plastic Surgery. "But they saw what we need to take our program to the next level—to strengthen our research."

So the Valones established the fund to help "kick start" scholarship in the division. Specifically, it will allow the Division of Plastic Surgery to recruit faculty to set up significant research projects.

"A wonderful thing about this gift is that it's unrestricted," Sloan said. "That's great in terms of recruitment and great in terms of getting residents involved in the research. External grant funding is so unpredictable, but the Valone fund will help keep our research projects going independent of that."

Centers receive seed grants from Excellence Fund

Five nationally recognized UNC research centers recently received seed grants from The Medical Foundation Excellence Fund, an annual fund for friends of the School of Medicine and UNC Hospitals. Recipients included Lineberger Comprehensive Cancer Center, the Cystic Fibrosis/Pulmonary Research and Treatment Center, the Birth Defects Center, the Bowles Center for Alcohol Studies and the Thurston Arthritis Research Center.

Each center received a $5,000 seed grant to fund promising projects—research leading to new treatments and cures but not far enough along to receive national funding. "Seed grants allow researchers to get the data they need to apply for national grants," said Shelley Earp, MD, director of the Lineberger Comprehensive Cancer Center.

"I know I speak for each center when I say we are thrilled with these gifts," said Fulton Crews, PhD, director of the Bowles Center for Alcohol Studies. "They will help us continue some very innovative research."

The Cystic Fibrosis/Pulmonary Research and Treatment Center plans to use its grant to purchase new equipment for a researcher who is studying how infection begins in the lungs of infants diagnosed with CF.

The Birth Defects Center will use the money to start a newsletter and to help fund education of health care professionals regarding folic acid as an effective means of birth defect prevention.

The Bowles Center for Alcohol Studies' grant will be used to prepare education/prevention materials on fetal alcohol syndrome, the leading cause of birth defects including mental retardation.

In addition to these seed grants, The Excellence Fund supports medical student research awards, a distinguished teaching professorship, the Family Day program for families of medical school students, student travel grants, student lounge renovations and other special programs.

Representatives from each center receiving The Medical Foundation Excellence Fund's seed grants are left to right: Fulton Crews, PhD, director of the Bowles Center for Alcohol Studies; Mary Anne Dooley, MD, acting chief of rheumatology and immunology, Thurston Arthritis Research Center; Shelley Earp, MD, director of the Lineberger Comprehensive Cancer Center; Richard Boucher, MD, director of the Cystic Fibrosis/Pulmonary Research and Treatment Center; and Thomas Sadler, PhD, director of the Birth Defects Center.

Medical Alumni
WEEKEND

May 4-7, 2000

GENERAL INFORMATION

Accommodations

Blocks of rooms have been reserved at the following area hotels. Alumni are responsible for making their own reservations by contacting the hotel directly.

The Sheraton Chapel Hill (formerly the Omni Europa) 919-968-4900 ext 45 or 1-800-325-3535, fax 919-942-3557. (Contract: UNC Medical Alumni Accommodations, cut-off date 4/5/00, Rate: $119.00+).

The Carolina Inn 919-933-2001 or 1-800-962-8519, fax 919-962-3400. (Contract: Annual Medical School Alumni & Reunions, cut-off-date 4/14/00, Rate: $149.00+).

The Siena Hotel (headquarters for the Class of 1960) 919-929-4000, fax 919-968-6170. (Contract: UNC Medical Alumni Reunion, cut-off date 3/5/00, Rate: $155+). Be sure to mention the contract name when making your reservations and please note the cut-off dates. Other area hotels: The Hampton Inn (919-968-3000), The Holiday Inn (919-929-2171), The Best Western University Inn (919-932-2000), The Comfort Inn University (919-490-4949).

TENTATIVE WEEKEND SCHEDULE

Thursday, May 4

11 a.m. — **Class Reunion Golf** – the New Finley Golf course. Shotgun start. Information regarding sign-up mailed directly to members of reunion classes. Pre-registration is required.

Friday, May 5

9:30 a.m. – 3 p.m. — **Registration Desk Open**, Carolina Club/ George Watts Hill Alumni Center, UNC campus.

10 a.m. – Noon — **Annual Business Meeting**, Dowd Room, Carolina Club. (All Alumni Welcome) Election of officers and councillors. Lunch provided for attendees following the meeting by pre-registration only.

Noon – 1 p.m. — **National Loyalty Fund Steering Committee**, Peebles Room, Carolina Club (Lunch included).

1:30 – 2:30 p.m. — **The Eighteenth Annual Spicer-Breckenridge Memorial Lecture**, 103 Berryhill Hall. Shuttle bus service will be provided from the Alumni Center.

Speaker: M. Therese Southgate, MD, Art Editor *Journal of the American Medical Association.*

3 – 5 p.m. — **Endowment Board Meeting** (Selection of 2000-2001 grant recipients) Dowd Room, Carolina Club.

Reception and Annual Alumni Banquet

(Pre-registration required)

Alumni Hall I, II, III, Carolina Club, George Watts Hill Alumni Center, UNC Campus.

6:30 p.m. — **Champagne & Wine Reception**

7:15 p.m. — **Dinner Seating**, *Recognition of alumni fundraising campaigns *Presentation of Distinguished Service Awards and Distinguished Faculty Award *Recognition of recently retired faculty.

Saturday, May 6

8 a.m. – 12:30 p.m. — **CME: Clinical Application of Anticoagulation Therapy**

CLASS REUNIONS*

Class of 1945	Saturday, May 6, Carolina Inn, Social & Dinner
Class of 1950	Thursday, May 4, Cocktails & Dinner
Class of 1955	Saturday, May 6, Hope Valley Country Club, Durham, Social & Dinner
Class of 1960	Saturday, May 6, The Siena Hotel, Tuscany Room, Social & Dinner
Class of 1965	Saturday, May 6, Cocktails & Dinner
Class of 1970	Saturday, May 6, Carolina Club, Cocktails & Dinner
Class of 1975	Saturday, May 6
Class of 1980	Saturday, May 6
Class of 1985	Saturday, May6, Anderson Park, Carrboro, Picnic
Class of 1990	Saturday, May 6, The Carolina Inn, Reception

*All schedules below are tentative. Final Plans included in class mailings.

President's Letter

Greetings Fellow Alumni,

By the time you receive this issue of the *Bulletin*, those of us fortunate enough – or ill-fated enough, depending on your point of view – to have experienced the snowstorm of the century will have returned to our usual activities and daily routine.

The severe weather caused the cancellation of the Wake County Dean's Reception, but others are scheduled in Guilford, Forsyth, Mecklenburg and Cumberland (a first!) counties as well as in Atlanta. These are outstanding opportunities to socialize with fellow alumni and others who are significant supporters of the medical school. It also offers a chance to get the current scoop on the state of the school and renew a sense of connectedness to each other and Chapel Hill. John Foust will likely remind you that your rival county in the Loyalty Fund Campaign is set to triumph over you in the current drive. I hope to have the pleasure of seeing you at a reception in your area.

The highlight of the year for the General Alumni Association is the Spring Alumni Weekend. Reunion committees are busy planning a festive time for their classes (see page 24).

Outstanding alumni and faculty will be recognized at the banquet, which also will serve as the moment of truth for the Loyalty Fund Campaign. This is a wonderful time to be in Chapel Hill and I hope many of you can come. One of the opportunities my office affords is to participate in meetings of the Board of the General Alumni Association. This is a dedicated group of Tar Heels who oversee a very effective organization that provides excellent service to alumni.

Among other enjoyable activities at the winter meetings was the opportunity to review the master plan for the UNC campus for the next decades (as reviewed elsewhere in the *Bulletin*). The concept is wonderful. The execution may not be complete in my lifetime, but the existence of this commitment is a great comfort to those of us who treasure the Chapel Hill of our formative years.

Well, enough of this sentimental rambling (a prerogative of advancing years). Hope to see you in Chapel Hill in May.

Gordon B. LeGrand

Gordon B. LeGrand, MD '65

CME/Alumni Calendar

March 24-26, 2000 — Chapel Hill

Clinical Relevance of Medicinal Herbs and Nutritional Supplements in the Management of Major Medical Problems

March 26-April 1, 2000 — Chapel Hill

Physicians Medical Management Program, Kenan-Flagler Business School

April 5-7, 2000 — Chapel Hill

24th Annual Internal Medicine Conference

April 11, 2000 — Chapel Hill

Emergency Medicine Research Forum

April 29-30, 2000 — Chapel Hill

15th Annual Meeting of the Glomerular Disease Collaborative Network

May 4-7, 2000 — Chapel Hill

UNC Medical Alumni Weekend

For more information about CME courses, contact the Office of Continuing Medical Education, (919) 962-2118, or toll-free through the Consultation Center, (800) 862-6264. To contact the Alumni Affairs office, call (919) 962-6786 or e-mail medical_alumni@med.unc.edu.

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____% of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or jmcneer@email.unc.edu.

Nonprofit Organization
U.S. Postage
PAID
Chapel Hill, NC
Permit No. 24

PERIODICALS DEPARTMENT
HEALTH SCIENCES LIBRARY
CB 7585
CAROLINA CAMPUS 7585

Spring 2000

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

Dean's Page

The mission of the UNC School of Medicine reminds us that we were created to improve the health of the people of North Carolina.

For the past 27 years, one of the ways our mission has been most tangibly realized has been through our involvement with and leadership of the Area Health Education Centers (AHEC) Program.

AHEC was created by a group of visionary leaders to address the stubborn problems of both the shortage and maldistribution of primary care physicians and other healthcare providers in our state. From the outset, we realized this could not be a venture of our School alone, but would require close collaboration with all five UNC-CH health affairs schools, as well as the other academic health centers in the state.

Working with our colleagues and using AHEC as the bridge, we have been able to provide community-based training experiences for our students and residents, while offering our expertise to practicing professionals in even the most rural and underserved communities.

Today, the AHEC program remains the linchpin of a broad array of educational initiatives designed to prepare physicians and other healthcare providers to meet the needs of the state.

For our School, it would be impossible to have a class size of 160 without the capacity the AHECs and the AHEC faculty afford us. More than 40 percent of the clinical training of each medical student occurs in an AHEC setting, and AHEC rotations continue to receive evaluations by students that are at or near the top of all clinical experiences. Reading through student evaluations gives a sense of the importance these experiences play in the life of UNC medical students.

Recent examples include comments such as "I learned so much about primary care medicine. It was a great experience," or "the attendings really enjoy teaching and allowed me the right balance between autonomy and supervision…this was the best experience of my medical career thus far."

AHEC also provides a means by which the School can fulfill its service mission. Last year, more than 440 specialty clinics were provided by our faculty in towns and cities across that state that would not otherwise have priority access to such sub-specialty care. In addition, our faculty taught some 350 Continuing Medical Education programs and provided technical assistance to countless health-care providers

AHEC also offers the infrastructure through which we can respond rapidly to urgent healthcare needs when they arise. At the time of the flooding in eastern North Carolina last fall, AHEC proved a vital resource for faculty who offered clinical services to communities in the affected areas. Through regional AHECs, we also were able to provide training programs for health-care providers and other human service workers dealing with the emotional aftermath of the tragedy.

AHEC's capacity to adapt to the changing needs of the state has been critical to its success through the years. Currently the School of Medicine and the other health affairs schools are working closely with AHEC on a new strategic plan for 2001-2004. As we build on our core programs for students, residents and practicing health professionals, I anticipate this planning process will help shape our opportunities to respond more effectively to important concerns.

We will address such issues as increasing the number of underrepresented minorities in medicine and other health careers; using information technology to improve our educational programs and increase access to health care; strengthening our primary care and prevention programs; and improving our efforts to give patients and the general public better information about their health and ways to enhance it.

The North Carolina AHEC program has become a standard of excellence for similar efforts throughout the nation. It provides our School of Medicine with a statewide classroom for students, residents and healthcare practitioners of all types.

As AHEC engages in a planning process that sets its course for the next four years, I am confident it will demonstrate once again how careful attention to the needs of the state, high-quality education programs and cooperation with other institutions can be combined to achieve a farsighted and purposeful fulfillment of the School of Medicine's mission.

Jeffrey L. Houpt

Jeffrey L. Houpt, MD
Dean, School of Medicine

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

Medical Alumni Association Officers

President
Gordon B. LeGrand, MD '65
Raleigh

President-Elect
Paul E. Viser, MD '84
Clinton

Vice President
Thomas J. Koontz, MD '66
Winston-Salem

Secretary
Ralph L. Wall Jr., MD '78
Winston-Salem

Treasurer
William M. Herndon, Jr., MD '81
Charlotte

Editorial Staff

John W. Stokes
Vice President, Public Affairs & Marketing

Debra Pierce
Managing Editor

Michele Blevins, Katherine Kopp, Leslie H. Lang, Melissa Matson, Karen Stinneford, Lynn Wooten
Contributing Writers

Dan Crawford (pgs. 14, 15)
Jay Mangum (pgs. 6, 10, 11, 20, 21)
Photographers

The *Medical Alumni Bulletin* is published four times annually by the UNC Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the non-profit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Medical Center Public Affairs, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514.

Contents

Features

A Natural for UNC Neuroscience 6

Alumni Profile: Daniel Brown, MD, '65 8

UNC Surgeons Perform State's First "Domino" Liver Transplant 10

UNC Health Care Acquires Rex Healthcare 12

Match Day 2000 and Pearls of Wisdom 14

AHEC: Taking Medicine to North Carolina's Communities 16

Kids at UNC Hospitals Use Computers To Talk With Other Sick Children 18

Faculty Profile: Fuller Award Winner Harvey Hamrick, MD 20

Departments

Dean's Page ..... Inside Front Cover

Research Briefs 2

News Briefs 4

Faculty Notes 22

Alumni Notes 23

Development Notes 24

President's Letter ..... Inside Back Cover

CME/Alumni Calendar ..... Back Cover

On the Cover - The Domino Effect: An innovative liver transplant offers more hope for patients. *Photo by Jay Mangum.*

Research Briefs

UNC, Duke, starting search for osteoarthritis genes

It's not difficult to find a family in which generation after generation has struggled with the same inherited disease. The challenge is finding the genetic link to understand how illnesses, such as osteoarthritis, are passed down from parents to their offspring.

An international research network composed of seven university medical institutions including UNC's Thurston Arthritis Research Center and Duke University Medical Center have just begun the largest study ever to look for that link, the genetic susceptibility to osteoarthritis.

The most common form of arthritis, osteoarthritis is a chronic condition that affects more than 21 million Americans. By analyzing DNA and health histories from many patients, researchers believe they will better understand the role that one or more genes play in the condition's development. The goal is to find new and more effective medicines. The academic research institutions are working together with the Center for Human Genetics at Duke and Glaxo Wellcome, a pharmaceutical company.

For the full story, see http://www.unc.edu /news/newsserv/research/jordan113099.htm.

Study finds no evidence that hormone benefits autism

Parents will go to great lengths to help children with illnesses, including trying the latest well-publicized treatments regardless of whether they've been proven effective. But if a therapy sounds too good to be true, it usually is.

A new study, which appeared in the *New England Journal of Medicine*, offers a prime example of this. Contrary to what early publicity suggested, North Carolina researchers found no evidence that a single dose of the synthetic human hormone secretin benefited children with autism.

In a well-controlled study of 60 children, half of whom received synthetic secretin and half of whom received an inactive salt solution, scientists could tell no difference between the groups when the study ended. The investigation was double-blind, meaning that neither clinicians nor parents knew which of the two treatments the children received until evaluations were complete.

For more information, see http://www.unc.edu/news/newsserv/research/bodfish12899.htm.

UNC scientist finds smallest number of genes needed for organism's survival

The minimum number of protein-producing genes a single-celled organism needs to survive and reproduce in the laboratory is somewhere between 265 and 350, according to new research directed by a top UNC scientist.

Using a technique known as global transposon mutagenesis, Clyde A. Hutchison III, PhD, professor of microbiology, and colleagues at The Institute for Genomic Research in Rockville, Md., found that roughly a third of the genes in the disease-causing Mycoplasma genitalium were unnecessary for the bacterium's survival.

The technique — a process of elimination — involved randomly inserting bits of unrelated DNA into the middle of genes to disrupt their function and see if the organism thrived anyway.

Such research is a significant step forward in creating minimal, tailor-made life forms that can be further altered for such purposes as making biologically active agents for treating illness, Hutchison said. More immediately, it boosts scientists' basic understanding of the question, "What is life?"

For more information, see http://www.unc.edu/news/newsserv/research/hutch12999.htm.

UNC selected as mutant mouse resource center

The National Institutes of Health selected UNC as one of two Regional Mutant Mouse Resource Centers in the nation. The new center will receive a grant of $660,000 annually over five years.

UNC and the University of California at Davis will facilitate more widespread use of mouse models in basic and translational research throughout the country. Such models have revolutionized scientists' ability to probe mammalian biology and disease and have become a valuable resource.

The new centers will expand the already strained capabilities of Jackson Laboratories in Bar Harbor, Maine, to characterize, maintain and distribute an ever-growing array of mutant mouse models to the research community.

"One of the problems is that people can generate lots of models, but these won't be accessible without a repository where they can be quality controlled, checked out and distributed," said Terry Van Dyke, PhD, professor of biochemistry and biophysics.

For more information, see http://www.unc.edu/news/newsserv/research/mouse121799.htm.

Cooperation marks new era of cancer research

In the new millennium, cooperation — rather than keen-eyed competition — may signal a new era of federally funded research for the nation's top scientists who develop and study mouse models of cancer.

In a bold strategy, a UNC scientist will share the helm of the Mouse Models of Human Cancer Consortium, a cooperative of 19 university-based research teams from around the nation, each individually funded by the National Cancer Institute (NCI).

"It's really very exciting — it's a paradigm shift in the way most people do science," said Terry Van Dyke, PhD, professor of biochemistry and biophysics. "Most who do science do so independently, and are worried about the competition and who gets the credit. Now each team will have some money to work on their own animal models, and pursue their own individual ideas, but will also participate in a larger scale cooperative group.

"There will be extensive sharing of ideas, results and reagents," she added.

Molecular fats prevent nerve sheath abnormality

A study led by scientists at UNC points to a group of fats crucial to the proper formation of the myelin sheath surrounding nerve fibers.

Although the new findings have no direct clinical implications for human disease, they help solve a scientific puzzle while adding new knowledge to the molecular biology of myelin and diseases of myelin loss, particularly multiple sclerosis.

Myelin, which is 30-percent protein and 70-percent lipid — or fat — forms the multimembrane shield that surrounds nerve axons, hair-like extensions of nerve cells that snake off and make connections with other nerve cells. These myelinated connections form the wiring circuitry of both the central nervous systems, which includes the brain and spinal cord, and the peripheral nervous system.

For the full article, see http://www.unc.edu/news/newsserv/research/myelin121399.htm.

Avoiding vitamins A, E might improve cancer therapy

Vitamins A and E, which normally boost human health in numerous ways, also appear to keep cancer cells from dying through the natural protective process scientists call apoptosis, new UNC research shows.

As a result, giving patients those vitamins may prevent cancer cells from self-destructing and work against cancer therapy, scientists say.

The UNC researchers presented their findings at the American Society for Cell Biology's annual meeting in Washington, D.C. Rudolph Salganik, PhD, research professor of nutrition, and Terry Van Dyke, PhD, professor of biochemistry and biophysics, directed the studies.

"We believe this work is important because it may make cancer treatments more effective," Salganik said. "It suggests that cancer patients, especially those undergoing chemotherapy or radiation therapy, may do better on an antioxidant-depleted diet."

For more information, see http://www.unc.edu/news/newsserv/research/saganik121399.htm.

Newer oral contraceptive may be less harmful for women smokers

Oral contraceptives are known to increase the risk of heart problems for smokers, and new research at UNC suggests that might be due in part to the specific type of hormones contained in "the pill."

Older "second-generation" oral contraceptives have a higher androgenic content because of the type of progesterone hormone used when compared to newer "third-generation" formulations.

For all women, older oral contraceptives produced higher blood pressures and more resistance to blood flow inside blood vessels during stressful situations, the UNC study showed.

A report on the findings appeared in the January issue of *Obstetrics and Gynecology*. Authors include psychology graduate student Patricia Straneva and Susan Girdler, PhD, assistant professor of psychiatry.

For more information, see http://www.unc.edu/news/newsserv/research/girdler010000.htm.

Cystic fibrosis experiments offer hope for improved treatments

Although not yet ready to try their new technique in patients, UNC scientists have successfully repaired a genetic problem that accounts for a form of cystic fibrosis commonly seen in patients of European Jewish descent.

Kenneth Friedman, PhD, research fellow in pathology and laboratory medicine, and Ryszard Kole, PhD, professor of pharmacology, developed the method to correct a mutation involving unnecessary information inside a gene. When that gene is imperfect, cystic fibrosis results.

The two conducted the research in collaboration with UNC's Lawrence Silverman, MD, and Michael Knowles, MD, and Duke University's Jonathan Cohn, MD, and technician Jolanta Kole.

"This work builds on a strategy first explored by Dr. Kole in his studies of beta-thalassemia, a genetic disease often seen in Mediterranean and some Asian countries and involving defective hemoglobin molecules that lead to red blood cell destruction in bone marrow," Friedman said. "We applied his method to a cystic fibrosis gene mutation discovered here at UNC in 1991."

For the full story, see http://www.unc.edu/news/newsserv/research/friema3121699.htm.

Experts to study informed consent in national gene transfer research

Investigating ethical issues surrounding recent and upcoming genetic discoveries will be the goal of a new $975,000 National Human Genome Research Institute award to UNC faculty members.

Gail Henderson, PhD, and Nancy King, JD, both professors of social medicine, will lead the three-year effort, sponsored by the institute's Ethical, Legal and Social Implications of the Human Genome Project program.

"When Dr. James Watson set up the Human Genome Project, he required that a certain percentage of its budget be set aside to fund studies of the genome project's ethical, legal and social implications since it raised so many questions," Henderson said. "Our work relates to how people understand genetic research in terms of the consent process.

"We're planning to investigate how benefits are described and understood in gene transfer studies, which just about everybody calls gene therapy," she said. "People think of these studies as therapy but they are not at all. They are really just early research that we hope will eventually lead to better treatments."

For the full story, see http://www.unc.edu/news/newsserv/research/hender011000.htm.

UNC study may help clarify how cells grow

A study led by a UNC scientist sheds new light on the process of cell growth regulation.

The study, which focuses on the complex network of biochemical signals between proteins and enzymes within cells, helps clarify how those signals initiate or limit cell growth.

Although still too basic for clinical use, the findings suggest the possibility of new drugs that would target specific growth-inducing molecules within cancer cells. A report of the study appeared in the science journal *Nature*.

Lee Graves, PhD, assistant professor of pharmacology and the study's principal investigator, said the enzyme MAP kinase (MAPK) is a key component of a signaling pathway initiated by growth factors.

"This is just one of many signaling pathways, but we know it's essential for growth," he said. "So the key question has been, what are the specific targets of MAP kinase? That is, what are the important things it does, and how does it regulate cell growth?"

For more information, see http://www.unc.edu/news/newsserv/research/cell012000.htm.

News Briefs

Medical school to create genetics center

The School of Medicine will receive $2.6 million over four years from the Howard Hughes Medical Institute to help develop and staff a new genetics center.

"The genetics center will complement existing research strengths at Carolina in the study of mouse models of diseases, genetics of model organisms, cancer research and clinical genetics," said William F. Marzluff, PhD, executive associate dean for research.

"The money will establish the genomics core technologies we need on campus, including a chromosome imaging facility for detecting alterations in cancer, as well as abnormalities in genetic diseases," he said. "It will also be used for recruiting four young faculty members working in mammalian genetics."

Of 105 U.S. medical schools competing for the Howard Hughes grants, UNC was among 41 winners. Awards ranged from $1.6 million to $4 million.

NIH awards UNC, Duke $21 million to boost care for AIDS patients, research

AIDS specialists at UNC and Duke will receive $21 million from the National Institute of Allergy and Infectious Diseases over the next five years to continue their battle against the deadly illness.

The money is part of renewed national Adult AIDS Clinical Trials Group (AACTG) funding. It will support care for people living with AIDS across North Carolina and clinical trials that already have resulted in far more effective treatments than were first available and promise further medical progress, the physicians say.

"Since the beginning of the AIDS epidemic, the AACTG has made enormous contributions in helping people with HIV live dramatically longer and healthier lives," said Anthony S. Fauci, MD, director of the institute. "AACTG studies have been and will continue to be an invaluable source of scientific data, significantly advancing our ability to treat HIV."

UNC's effort, led by Charles van der Horst, MD, professor of medicine, and Joseph Eron, MD, associate professor of medicine, will get $12.5 million. Duke's effort, directed by John Bartlett, MD, associate professor of medicine, will receive $8.5 million.

New program leaders named at cancer center

Marci Campbell, PhD, and Andrew Olshan, PhD, have been appointed as program leaders at the Lineberger Comprehensive Cancer Center.

Campbell, assistant professor of nutrition, will lead the Cancer Prevention and Control Program.

This program works with communities, health care providers, schools and other agencies to promote adoption of healthy behaviors — including diet, smoking cessation, physical activity and cancer screening — with an emphasis on activities in rural, underserved and minority populations.

Scientists also are investigating a wide variety of other topics, including issues faced by cancer survivors and new approaches to cancer prevention.

Olshan, associate professor of epidemiology and research associate professor of surgery, will lead the Cancer Epidemiology Program.

Researchers in the program are investigating disease patterns in the population to isolate possible causes of cancer, such as lifestyle and the environment, as well as to identify groups at high risk for cancer. In combining epidemiology with basic science using molecular and genetic environmental/ lifestyle exposures.

UNC performs videoscopic surgery

For millions of Americans, heartburn isn't just an occasional aggravation. Rather, it is an everyday misery that forces them to continually consume over-the-counter antacids and prescription medications and keeps them awake at night.

Now those painful days and sleepless nights can be eradicated, thanks to a videoscopic surgical procedure being performed by physicians at UNC.

"Estimates show that 18 million people in the United States suffer from chronic heartburn or what is known as gastroesophageal reflux disease, or GERD," said Mark J. Koruda, MD, professor of surgery and nutrition.

"While antacids and medications may relieve symptoms for occasional heartburn, they don't offer comfort for some one million chronic sufferers. For these folks, videoscopic surgery can be a long-term solution to an everyday problem."

In the videoscopic surgical procedure now being offered at UNC Hospitals, the physician makes five to six small incisions — each less than one inch — to make room for special surgical instruments, including the laparoscope.

While the videoscopic procedure is new, the surgery itself is not — it has been around since the 1950s. But traditional surgery required surgeons to make a long incision in the abdomen, a painful operation from which patients took a long time to recover.

Lineberger awarded $25.3 million renewal grant from NCI

The Lineberger Comprehensive Cancer Center has received a five-year, $25.3 million grant from the National Cancer Institute to renew support for its cancer research programs.

The amount represents a 94 percent increase from the center's previous five-year grant, one of the largest increases ever awarded by the institute's cancer centers program. All of the funds will be used at UNC, making this grant one of the largest ever awarded for research at the university.

"The Lineberger Center has done a remarkable job of bringing faculty together from all the health affairs schools, and increasingly, other parts of the campus, to bear upon the problem of cancer," said Jeffrey Houpt, MD, dean of the school of medicine.

"Its interdisciplinary research efforts are ground-breaking."

Said H. Shelton Earp, MD, center director, "In the past five years, the UNC Lineberger Center has grown dramatically, fashioning multidisciplinary clinical care programs with UNC Hospitals and UNC Health Care as well as conducting outstanding clinical, public health and basic cancer research. National recognition of our superb scientists and physicians has increased commensurately. With this renewal grant, NCI has recognized the quality and continued promise of our research and clinical efforts."

UNC Hospice excels during recent Joint Commission accreditation

UNC Hospice, part of the UNC Health Care System, received the highest designation possible during a recent review by the Joint Commission on Accreditation of Healthcare Organizations.

Preliminary findings from the accreditation review showed that UNC Hospice scored 99 out of 100 points.

This marked the first time UNC Hospice had undergone review by the Joint Commission, an independent, not-for-profit organization that is the world's leading health-care standards setting and accrediting body.

UNC Hospice, formerly Hospice of Chatham County, has served terminally ill patients and their families for 16 years. The 13-employee organization became part of UNC Health Care in April 1999 and serves Chatham and Orange counties.

Judy Lipa, executive director of UNC Hospice, said the Joint Commission accreditation lends even more credibility to an organization that already prides itself on delivering excellent care.

"Although more and more hospices are seeking Joint Commission accreditation, only about 5 percent complete their initial surveys at the same high level UNC did, so we obviously are excited about that," she said.

To earn and maintain accreditation, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years.

Federal funds awarded for training clinical researchers

The School of Medicine has won federal funds to train some of its best and brightest young doctors for careers in clinical research.

The Clinical Research Curriculum Award comes from the National Institutes of Health. The award helps provide an in-depth two-year training program for eight to 10 junior faculty, each of whom is committed to a career as a clinical investigator, according to Eugene P. Orringer, MD, executive associate dean for faculty affairs.

"Over the last decade, there has been a dearth of young physicians who pursue clinical research as their career goal. It's not a local problem, but rather a national problem," he said. "The NIH created this award to provide institutions such as UNC with the support for the infrastructure necessary to train these young people."

UNC was one of 35 medical institutions to win the award, which provides $200,000 per year over five years and is renewable. For purposes of this award, clinical research includes patient-oriented research, epidemiologic and behavioral studies, and outcomes-oriented health services research. At Carolina, trainees will take courses in those areas through the schools of medicine, public health and pharmacy. A newly designed seminar program focused on drug development will supplement those courses. All trainees will also design and carry out a comprehensive clinical research project.

At the heart of the program is a novel mentoring system in which senior faculty members work closely with trainees, helping them with coursework and research, and with setting and then achieving their long-term career goals.

"We have created a program that has both breadth and depth," Orringer said. "We are particularly pleased with the close exposure each trainee will get to faculty members and other trainees."

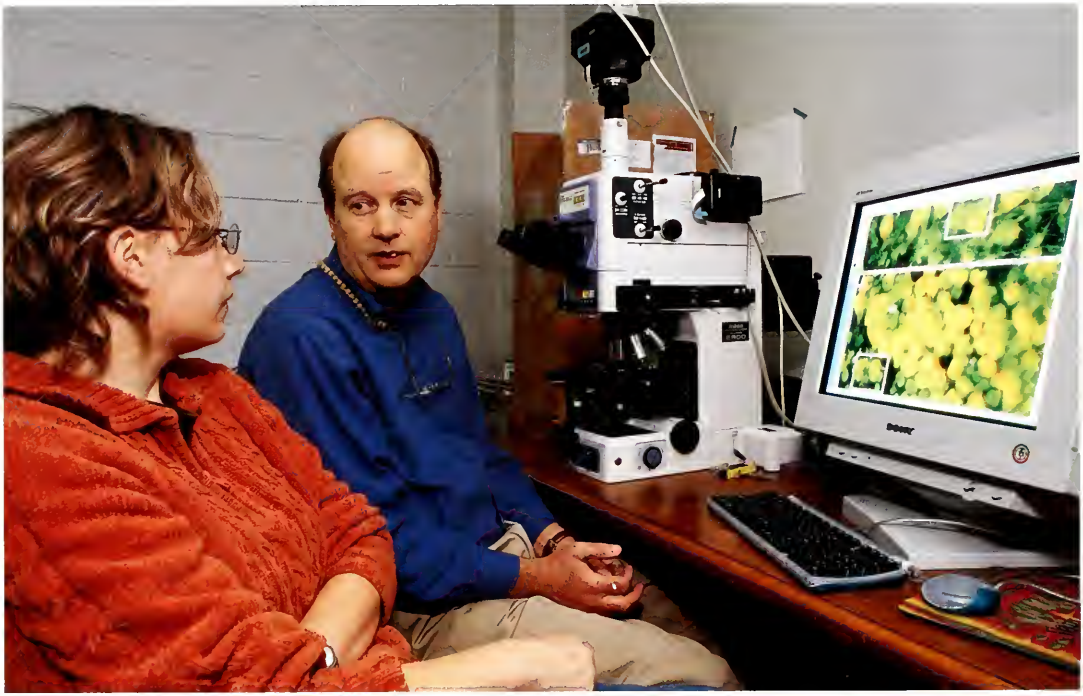
He added that most of the trainees will have written a NIH grant proposal by the end of their second year in the program.

But, Orringer added, while NIH funding supports the program's infrastructure – including a portion of the salary for senior faculty involved – it does not provide the stipends needed to pay the trainees. This meant reaching out to attract additional funds from other sources.

"We knew that within the next decade or so a lot of clinical research would involve drug development, including clinical trials," said Orringer. "So with that focus, I felt we could go to industry and ask for help to support some of the trainees."

And so far the plan has met with success. Financial support for trainees enrolled in the new program has been obtained from the pharmaceutical giant Eli Lilly and Company, from Pharmaceutical Product Development Incorporated (PPD-Pharmaco), a clinical research organization, and from the American Academy of Pharmaceutical Physicians.

A Natural for UNC Neuroscience



Dr. Snider discusses a computer image with Dr. Alana Jackman.

By Leslie H. Lang

William "Bill" Snider has an ambitious goal: He wants to make UNC a major national player in 21st-century neuroscience research.

To that end, this tall, affable, soft-spoken native of western Kentucky must don several hats — that of college recruiter, visionary, fund raiser, program director, and, of course, scientist.

For the new head of UNC's Neuroscience Research Center, that last *chapeau* is a natural fit. A pioneer in neuronal growth factor research, Snider and his work on proteins that regulate the survival and growth of neurons are familiar to most senior scientists in the field. Indeed, his research reputation had quietly solidified during a 16-year tenure at Washington University in St. Louis.

And when it came to selecting a top scientist who could also toot the Tar Heel megaphone for neuroscience recruiting and fund-raising, Snider's UNC legacy helped make him a natural choice. Both his mother and her sister earned degrees in Chapel Hill, and Snider earned both his bachelor's of science in mathematics and medical degrees here.

"I grew up in this little town in Kentucky called Hopkinsville, and for reasons I don't fully understand, my grandfather sent two of his daughters down to Chapel Hill," he said. "And this was back in the 1930s when there were few women here. So my mother and her sister were among the first women to do their last two years of college at UNC."

While her son was excelling in science during high school, Snider's mom made him aware of the National Science Foundation prizes for talented science students. These were intensive summer programs in science education. Her suggestion that he try for one held at UNC might have been an indication that she smiled at the memory of her Carolina days.

"So that's how I first got here the summer after my junior year in high school, and I just loved it," Snider said. "Later I applied to and got accepted by UNC and Duke. So I

picked UNC."

The former math major credits a physical chemistry professor for introducing him to the biological world of nerve axons and synapses.

"Lee Pederson gave me a book by Sir Bernard Katz called Nerve Muscle Synapse," he said. "It's a famous book about the process of synaptic transmission at the neuromuscular junction, the synapse between nerves and muscle. And I found it fascinating. It seemed to have a very logical and quantitative aspect that was also appealing to me."

During his first year in medical school, Snider was exposed to neurobiology through a course taught by Edward Perl, MD, currently Sarah Graham Kenan Professor of Cellular and Molecular Physiology at UNC. In 1971, Perl was recruited to UNC from the University of Utah to strengthen neuroscience at Chapel Hill. It was Perl who helped recruit his former student to take over the helm of UNC's Neuroscience Research Center.

"The combination of exposure to neurobiology in that course, and my fascination with neurosciences through previous conversations with Dr. Pederson, just did it for me that I was going to be involved in this field," Snider said. "I think a lot of us with interest in biological science struggled with the issue of whether to pursue graduate training or medical school training. For many, this has been solved by the combined MD-PhD program. But this option didn't exist when I was at UNC. I might add that Dr. Perl also struggled with this issue."

So fascinated by neurosciences was Snider that he took a year off after his first year in medical school to pursue a fellowship arrangement Perl helped organize with spinal cord physiologist Motoy Kuno. Kuno, who had been recruited by Perl when he became department chairman, was particularly interested in the interactions between the motor neurons in the spinal cord that innervate muscle cells, Snider explained.

"He formulated ideas about 'trophic' interactions, 'trophic' having to do with nourishment, in that the muscle nourished the innervating neuron," he said. "At the time we had no idea about the molecules involved in this. So I guess I became fascinated with those questions, and my subsequent career has largely been devoted to studying the molecules that mediate these trophic interactions in the nervous system."

After graduation in 1977, Snider elected to continue clinical training and interned at the Harvard-affiliated Beth Israel Hospital in Boston. He then completed a residency in neurology at Cornell, at the time considered the premier neurology training program in the nation. While at Cornell, he met his wife, Barbara, who was completing her psychiatric training at Paine-Whitney. She is board-certified in child psychiatry.

As it turned out, Snider eventually was able to combine both science and clinical work. He accepted a post-doctoral fellowship at Washington University and subsequently joined the neurology faculty.

"My clinical interest was neuromuscular disease, including amyotrophic lateral sclerosis (commonly referred to as Lou Gehrig's disease or ALS), peripheral neuropathies and pain," he said. "I was able to tie together what I worked on in the laboratory and observed in clinic patients."

But Snider allowed that after 16 years in St. Louis, he had "reached the stage in my career when the opportunity to develop and lead something sounded very appealing."

Word that his old alma mater was setting up a neuroscience center, a research center that would cross various disciplines at the medical school, and that there would be a substantial financial commitment for faculty space in a new building seemed to Snider the perfect challenge. A return to Chapel Hill also seemed a sweet symmetry.

Snider's goals for the center are ambitious. In his temporary office at the UNC Lineberger Comprehensive Cancer Center, he becomes more animated when he eagerly outlines them. One can readily sense his passion for the work.

"I would like to combine a couple of themes in basic and clinical neuroscience that will be very influential in the 21st century," he said. "The first of these is developmental neurobiology, and my first mission will be to strengthen and expand the development of that area on campus here.

"Our ability to understand how the brain forms, how particular types of nerve cells differentiate and send axons to the appropriate regions of the brain and not to other regions, how synapses form and function – molecular genetics has opened up this field in ways that could not have been imagined a decade ago.

"And so I plan to make brain development the first area of effort for the Neuroscience Research Center," he said. "This will primarily involve people working on mouse models, using the genetics of the mouse to understand the genetic basis for how the brain develops.

"A second goal, perhaps one that will make the center unique, is to combine issues in developmental neurobiology and research related to clinical neurology," he added. "We would focus particularly on issues related to repair of the nervous system, repair of damage after spinal cord injuries and after stroke. It is almost certain that the same things that govern neural development will be important for nervous system repair."Snider noted that the center itself will not go into treatment at the level of clinical trials.

"We are interested in the science foundations of therapy related to brain and spinal repair, and so we would be trying to recruit people who would be studying the survival of nerve cells, differentiation of nerve cells, growth of axons of nerve cells, and we would also be interested in recruiting people who are attempting to repair the nervous system after injuries," he said. "This is working beautifully in mouse models now."

But Snider is not averse to peering into the future for clinical applications.

"The great progress in isolating human embryonic stem cells means that we might potentially apply the knowledge of developmental processes to the successful repair of nervous system injuries in people," he said.

Dr. Daniel E. Brown: Pe

By Katherine Kopp

When Daniel E. Brown graduated from the UNC School of Medicine in 1965, he didn't begin to know how far — literally — he would go in his career.

Though most of his work as a pediatrician has taken place in Raleigh, Brown last year spent two-and-a-half months half a world away serving on a medical mission team in Africa.

He said it is no exaggeration to say the experience changed his life.

This year, Brown celebrates his 35th reunion year. His career path is familiar to many physicians: After graduating, he completed an internship and residency in pediatrics at Shands Hospital, now part of the University of Florida-Gainesville hospital system, including a year as chief resident. Then he entered the U.S. Air Force.

"Back then, we had what was called the Berry Program," he recalled. "If you entered this program, you had a commitment to military service for a period of time."

So after completing his medical training, Brown and his wife, Barbara, a graduate of the UNC School of Nursing, spent two years at March Air Force Base near Riverside, Calif.

In 1970, Brown, a native of Selma in Johnston County, returned to North Carolina and joined the Raleigh pediatric practice of Frank Winslow and Frank Poole, two well-respected North Carolina pediatricians. The practice is now known as Blue Ridge Pediatrics; Brown is one of five pediatricians in partnership there.

Brown credits his mentors with helping him refine his skills as a pediatrician in his early years of practice. He also learned a lot from the events of his own life. When he and Barbara moved to Raleigh in 1970, they were the proud parents of three young daughters, Deborah, Jennifer and Virginia. Like most pediatricians, Brown acknowledged that becoming a parent himself taught him more about caring for children – and their parents — than textbooks and lectures ever could.

Daniel Brown, '65 and one of his patients are all smiles on his recent trip to Kenya.

"Once you have your own children, you really begin to understand your patients and their families," he said.

In 1976, the Browns welcomed a fourth child into their family, Daniel E. Brown Jr. The following year, young Danny died from a metabolic illness.

"That event changed our lives," Brown said simply. "It changed our lives, and it taught me a lot."

In many ways, the family's tragic loss represented a turning point for Brown, both personally and professionally.

"After our son died, I felt I had so much more empathy for families who were going through difficulties," he said. "Whenever I had contact with a family with a seriously ill child or a family who lost a child, I could really empathize with what they were going through. And in a lot of ways, losing our son tested my faith, but it also made it stronger."

Brown, a devout Christian and a member of Providence Baptist Church in Raleigh, is unafraid to profess his beliefs. And through

diatrician with a Mission

the years he has put his faith into action, most recently doing medical mission work. In 1994, he joined a medical mission team sponsored by Baptist World Relief.

"Our team traveled to Zaire for three weeks to care for children orphaned by the civil war in Rwanda," he said. "Though I was only there for a few weeks, the experience had a major impact on me. It piqued my interest in mission work."

In 1995, Brown attended a conference in Asheville called "Prescription for Renewal," sponsored by Samaritan's Purse, a relief organization headed by Franklin Graham.

"Samaritan's Purse has an arm called World Medical Mission," explained Brown. "They send volunteers all over the world to provide medical care and assistance."

After attending the conference, Brown was determined to take another mission trip. After some research, he set his sights on going to Tenwek Hospital near the town of Bomet in a remote part of western Kenya. The logistics of taking extended time off from private practice were challenging.

"It took almost three years to get everything in place so I could be gone for two-and-a-half months," Brown said. "It takes a lot of effort and cooperation from your partners to work out something like this. It's hard to be out of the office for such a long period of time."

Brown's wife and their youngest daughter, a teacher, accompanied him to Kenya.

As might be expected, practicing pediatrics in Kenya is light years away from practicing in Raleigh.

"In pediatrics today, you still see a lot of acute illness, but pediatrics has definitely changed over the years," Brown said. "Now in private practice, we spend a lot more time working through situations like attention deficit disorder and psychological and behavioral problems. These kinds of issues take up much more time than in the past.

"The way pediatrics is practiced has changed as well," Brown continued. "We used to just pick up the phone and call when a child needed to see a specialist like a neurologist or a surgeon or a gastroenterologist. Now we have to look at the list from the patient's insurance company, which may or may not have the name of the physician you'd like to refer to on it, and go from there. There's a lot more bureaucracy and paperwork than there used to be."

In contrast, Brown discovered that practicing pediatrics at Tenwek meant treating one acute, often life-threatening, illness after another. And as far as making referrals to specialists?

"There's not much access to specialty care in western Kenya," said Brown. "Nairobi is more than an hour away by plane and four-and-a-half hours by car, and transport to the city is often not available. At Tenwek, there are about six staff physicians for 300 beds. The rest of the doctors there are part of a changing group of volunteers."

Many of the children Brown treated in Kenya were seriously ill.

"The biggest problems there were meningitis, pneumonia and TB," he said. "These were often associated with AIDS, which is very common in both mothers and children in Africa. We also were dealing with tremendous problems with malnutrition and dehydration. It's so different from the U.S. Here, if you're sick, it's just a short ride to the hospital or the doctor's office. There, we served a 300-square mile area. Patients got to the hospital on foot, by mule and occasionally, by a motored vehicle. There are no ambulances. Most of the conditions we saw were treatable, but for a lot of patients, it's a two-day trip to get to the hospital. These kids were really sick by the time they got to us; they were often in critical condition. Some of them came in too sick to save. The first two weeks I was there, we had 12 children die.

"We had 45-60 kids in the hospital at a time," Brown added. "There was a severe epidemic of malaria while we were there. At times, we had two or three kids to a bed. The ones we were able to save generally did well, without complications. You do see a lot of children die, and that's hard. But there aren't resources there to care for kids who survive but need continuing medical treatment. That care is just not readily available. As one mission nurse said to me, 'There are worse things than dying in Africa.'"

Despite the hard work and many challenges, Brown refused to get discouraged during his stay in Kenya. Instead, he focused on the progress Tenwek Hospital made toward improving medical care for the region.

"The hospital just graduated its first class of nursing students," he said. "One hundred percent of the class of 25 to 30 passed the Kenyan nursing boards."

Brown took great pride in mentoring a young African physician in the hospital's new internship and residency program.

"There are just two medical schools in all of Kenya," explained Brown. "In Kenya, students take their boards right after graduation, then usually do a one-year internship before going to work. There aren't many residency programs in the country, and there are more graduates than there are spaces. Tenwek just began this new internship and residency program, and I was very lucky that my time there overlapped almost directly with Agnes Langat, a young intern doing her pediatric training. She was spending a year rotating through medicine, pediatrics, OB-GYN and surgery, and it was very exciting to be able to work with her. During my time there, I was also able to help the hospital develop a curriculum for pediatrics. It was very rewarding."

All in all, Brown's time at Tenwek Hospital was an experience he hopes to repeat in another year or two.

"I am so much more appreciative now of all that we have in terms of resources in this country," he said. "Our medical care, the availability of transportation, communication systems — it's so different in Africa. But it was very inspiring to me to see people of various faiths and denominations, from all kinds of medical backgrounds, coming together to help enrich this part of the world. There is so much opportunity there to help others."

UNC Surgeons Perform State's

"Domino" liver donor Jim Hunter (left), and recipient Gary Bosarge discusses their case with reporters.

By Karen Stinneford

UNC surgeons performed a rare "domino" liver transplant operation in March when they put a cadaveric liver in one recipient and then transplanted that recipient's flawed-but-functional liver into someone else.

The novel transplant technique — never before done in North Carolina — has occurred only about 50 times worldwide since first performed in Miami in 1996. UNC surgeons said the "domino" approach likely will become routine as doctors continue to seek new ways to address the critical shortage of available cadaveric organs.

"This represents the ultimate in recycling — giving a person who desperately needs a liver one that otherwise would have been thrown away," said Jeffrey Fair, MD, chief of the abdominal transplant program at UNC.

"As long as there are more patients who need organs than there are organs available, medicine will have to find new ways to help people with no other options," he said. "Approaches like a 'domino transplant' will have to become more commonplace."

P. James "Jim" Hunter, 58, of Pinehurst, was the first person to receive a new liver during the procedure. Hunter suffered from amyloidosis, a rare and ultimately fatal disease in which his liver produced a variant protein — called amyloid — that his body could not process.

Because it wasn't used or eliminated, the protein collected in cells throughout Hunter's body, damaging his central nervous system and heart. He underwent a heart transplant at UNC in June 1998 and also was placed on a waiting list for a liver transplant, which represented the only "cure" for amyloidosis.

The rationale behind using a liver from a patient with amyloidosis is that the disease progresses quite slowly, said Mark Johnson, MD, director of the renal transplant program at UNC. Build-up of the abnormal protein won't become clinically significant for some 10 to 15 years, he said, and it will take another 15 to 20 years before permanent damage results from that build-up.

"So the functional life span provided by one of these transplanted livers easily can be 25 to 35 years," Johnson said.

So on March 1, Hunter received a normal liver from a cadaveric donor. But rather than dispose of Hunter's liver — which is the norm following such an operation — doctors transplanted it into 49-year-old Gary Bosarge of Richlands.

Why would Bosarge want a defective liver

First 'Domino' Liver Transplant

Transplant surgeons Mark Johnson, MD, (left) and Jefferey Fair, MD, believe donor transplants will help patients in need.

known to produce a potentially life-threatening protein? His doctors said it is because Bosarge's own health problems posed a more immediate threat to his life.

Bosarge suffers from hepatitis C, a chronic infection that frequently results in permanent scarring — or cirrhosis — of the liver. Bosarge was infected with the hepatitis C virus in 1979 when he received a blood transfusion after a helicopter crash in South America, and his liver had become so scarred it no longer worked adequately. As a result, Bosarge experienced tremendous pain, weakness and bloating and was almost to the point of being unable to work.

"He was in bad shape — sick as a dog," said Roshan Shrestha, MD, medical director of the liver transplant program at UNC. "He said that every day he could feel himself going a little more downhill."

So UNC physicians offered him Hunter's liver — along with a long laundry list of problems that might follow if the transplant took place. Shrestha said that his patient, who has a 13-year-old daughter, leapt at the opportunity, figuring any liver had to work better than the one he had.

"He told me, 'If I can live 20 more years, I can see my daughter get married," Shrestha said.

Waiting for a completely healthy liver posed problems, too, Johnson said. Given the huge demand for cadaveric organs, Bosarge likely faced spending another year on the waiting list before one would become available. By then, his health could have deteriorated to where he was no longer a suitable candidate for transplant surgery.

"There are, admittedly, a lot of unknowns here," Johnson said. "But given what we know about amyloidosis and the time it takes for the disease to manifest itself, we think Mr. Bosarge could have 20 to 30 years of good health before his new liver starts causing problems. And by then, medicine certainly will have discovered a more effective treatment than what we can offer now."

Fair agreed, adding, "We could have thrown the liver away, but it had the potential to help someone. And whenever you can help someone, you should."

Hunter and Bosarge both left UNC Hospitals about eight days after their surgeries.

Since its start in 1991, UNC Hospitals' liver transplant program has grown into one of the largest and most successful in the Southeast. Among the program's many "firsts" was that doctors here performed the state's first living-related liver transplant in 1996.

Some 14,724 people in the United States currently are awaiting a liver transplant, according to the United Network for Organ Sharing. In 1998, the latest year available, about 1,300 patients died before they could get a new liver. Last year, 4,500 liver transplants were performed in the United States. □

UNC Health Care Acquires Raleigh's Rex Healthcare

Nearly one year following UNC Health Care's announced interest in acquiring Rex Healthcare in Raleigh, the deal was done. Chief Executive Officer Jeffrey L. Houpt, MD, and Rex Healthcare Trustees Chairman James B. Hyler Jr. announced in mid-April that Rex Healthcare is now part of the UNC Health Care System.

"The new relationship will complement and expand the existing services and programs offered by Rex and UNC, and enhance the abilities of both organizations to serve patients and families in the greater Triangle area," Houpt said.

Hyler agreed, adding, "residents of Wake County will continue to receive the same high-quality health care Rex has provided for more than 100 years, with the added benefit of new programs made possible by UNC capital."

Hyler said Rex will invest in additional resources to better serve the health-care needs of a growing Wake County and Triangle area population.

"Through our affiliation with UNC, Rex also will gain greater access to high-level clinical programs, advanced technology and medical research," he said.

Under the agreement, Rex Healthcare will continue to operate as a separate, private, not-for-profit entity and will retain its separate identity. Its employees will remain employees of Rex Healthcare.

UNC and Rex anticipate both growth and expansion of services and cost-savings under the agreement.

Governing Boards Reorganize

The agreement making Rex Healthcare part of the UNC Health Care System resulted in changes to both organizations' governing boards and appointments of directors for the newly established John Rex Endowment Board.

The new Rex Healthcare Board includes the following current Rex board members: William C. Burkhardt, Jean W. Carter, MD, James T. Fain III, Charles T. Francis, Ann Goodnight, James B. Hyler Jr., Robert A. Ingram, Richard S. Myers, MD, and Waltye Rasulala. UNC's appointees to the Rex Healthcare Board are: J. Slade Crumpton, Eric B. Munson and Thomas E. Sibert, MD.

The UNC Health Care Board includes the following current UNC board members: Molly Corbett Broad, J. Slade Crumpton, Frank A. Daniels Jr., M. Andrew Greganti, MD, Jeffrey L. Houpt, MD, John A. Kirkland, MD, Estell C. Lee, William McCoy, R. Malloy McKeithen, Eric B. Munson, Valerie Parisi, MD, Bailey Patrick Jr., Paul J. Rizzo, William L. Roper, MD, Charles M. Shelton and John S. Stevens. Joining the Board from Rex are: Jean W. Carter, MD, Richard L. Daugherty and James B. Hyler Jr.

The governing board of the new John Rex Endowment, chartered to advance health care in the greater Triangle area, will consist of 12 members. Named to serve at the time of this printing were: David Boerner, MD, Ben L. Bradsher, William C. Burkhardt, James T. Fain III, Charles T. Francis, Ann B. Goodnight, James H. Maynard and Waltye Rasulala. UNC's representatives are Jeffrey L. Houpt, MD, William McCoy and William L. Roper, MD.

The transaction, valued at $290 million, calls for establishing a new John Rex Endowment and funding a number of joint UNC-Rex projects. Financial details of the deal include:

- $100 million to go toward the new John Rex Endowment. Twenty-five million of this will be returned to Rex Healthcare for capital projects. Income from the remaining $75 million will be used to support indigent care and enhance community health-care programs in the greater Triangle area.
- $58 million to be committed by UNC to fund strategic initiatives jointly agreed upon by Rex and UNC. These could include expanding cancer care, pediatric services and women's services.
- $132 million in existing long-term debt to stay with Rex Healthcare and its affiliates. These liabilities remain on the Rex balance sheet. □

UNC Health Care and Rex Healthcare Combined Service Area

Match Day 2000:

Match Day. That annual event when medical school seniors nationwide learn which residency program they will enter. This year's event was held on March 16 and approximately 140 graduating UNC medical students filled the Clinic Auditorium.

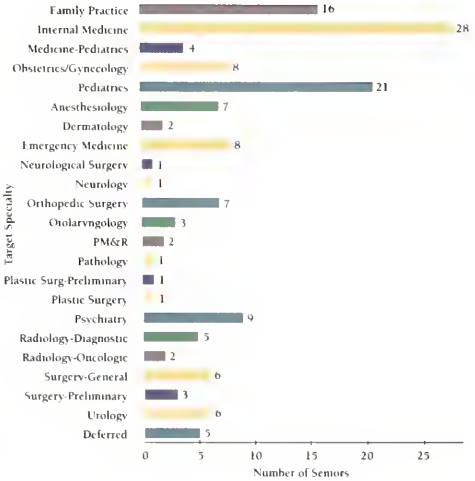
"As a group, our students are incredibly accomplished and talented people, and Match Day is just one more manifestation of their achievements," said Georgette Dent, MD, associate dean for student affairs.

"Traditionally, our students have done very well with regard to getting good residencies; last year, the percentage of our students who got their top choice was higher than the national average," she added. "That says UNC is doing a great job educating these students, and as a result, they are considered exceellent recruits by other programs."

About 86 percent of UNC medical students were matched with one of their top three choices during the computerized process. Sixty-four percent received their first choice.

John Young (right), shares his letter with friends.

Johnathan Bradley Woods is all smiles on Match Day.



'The World Is Your Oyster'

By Lynn Wooten

The world is your oyster. So it is, perhaps, fitting that as they prepare to head off on their own into their chosen professional world, UNC medical students receive a few pearls.

Pearls of wisdom, that is.

Continuing a long and much-anticipated tradition, School of Medicine faculty offered helpful hints, special reminders and often-touching advice to students at the annual Pearls Day gathering.

Through skits, slide shows and simple heart-to-heart orations, faculty gave students a few things to think about as they set out to become physicians themselves. Their "pearls" ranged from the serious to hysterical, but no matter what the message, each faculty member received hearty, appreciative rounds of applause from their soon-to-be former students.

Among the "pearls" offered for consideration were:

Georgette Dent, MD, associate dean for student affairs — Using special lighting effects (well, OK, flashlights waved from the front row) and slides, Dent created her own riotous version of the megahit TV game show, "Who Wants to Be a Millionaire?" But her game, "Who Wants to Be Board Certified?" offered such mind-numbing questions as "Paroxysmal nocturnal hemoglobinuria is typically characterized by an abnormality in which of the following?" For assistance, contestant/ student Donald McLamb elected to "call a friend" — Stephen Kiser, MD, professor and associate chair for medical education.

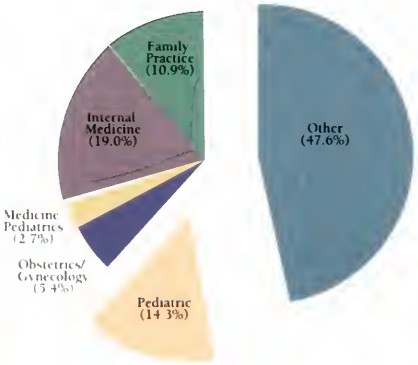
John Thorp, MD, associate professor of maternal-fetal medicine — Thorp focused on the importance of physicians making strong connections with their patients. "Sit down when you talk to patients," he said. "It gives the appearance of concern."

Anthony Meyer, MD, professor and division chief, general surgery — No matter what is going on in a physician's life, Meyer pointed out, the doctor should not be distracted or negatively effected to the detriment of interacting with patients. In other words, personal baggage should be left outside the door. "In patient care, the person in the forefront of your mind should be the patient, not yourself."

Anthony Lindsey, MD, clinical associate professor of general psychiatry and behavioral medicine — Using photographs of devoted UNC employees as his backdrop, Lindsey stressed the importance of assistants, nurses and other support personnel in a physician's life. He suggested that the students, once they are on their own, always remember — and appreciate — what these people have to offer.

Harvey Hamrick, MD, professor of community pediatrics — Hamrick noted one of the greatest fears a physician has: Becoming the target of a malpractice lawsuit. With apologies to David Letterman, he offered up the Top 10 Reasons to Avoid a Malpractice Suit ("Worst of all, your family will encourage you to go to law school.") and the Top 10 Reasons You Might Get Sued ("You've never been sued.") □

2000 Residency Target Placements
Primary Care Placements



Patricia Coppage (left), and Heather Robertson White enjoy a light moment on Match Day.

AHEC: Taking Medicine to

Nancy Pfifer, MD, and third-year resident Illya Wilkerson review schedules.

To understand the partnership between the UNC School of Medicine and the N.C. Area Health Education Centers (AHEC) Program, you really need to leave Chapel Hill.

You might head to Asheville to the Mountain AHEC, or to Wilmington to the Coastal AHEC. You could travel to the Southern Regional AHEC in Fayetteville, to the Charlotte AHEC, or to Wake AHEC in Raleigh. Head west out of Chapel Hill and the first AHEC you'll pass is in Greensboro.

The AHEC Program and the School of Medicine share a mission to meet the health care needs of the people of North Carolina. Greensboro AHEC, like the other sites, provides the School with the resources to offer community-based training to medical students and residents and to provide professional support and continuing medical education for physicians in the communities where they practice.

Greensboro AHEC offers residency placements in family medicine, pediatrics and internal medicine. The residency programs are sponsored by Moses Cone Healthcare System in conjunction with the UNC School of Medicine.

The program in internal medicine accepts 20 residents and provides opportunities to learn in an environment that emphasizes the generalist skills necessary to enter a community-based practices. Residents function as primary-care physicians who deliver continuity care for both inpatients and outpatients. Residency faculty members provide this education with extensive support from community preceptors.

The AHEC Program addresses the shortage and maldistribution of health-care professionals in underserved regions and encourages students to practice in those areas by allowing them to train alongside rural and community practitioners. AHEC also provides information resources and professional support that rural physicians need to stay on the cutting edge of medicine. Since the N.C. AHEC Program began, nearly 535 family doctors trained in AHEC-based residency programs have settled in communities across North Carolina.

"The more students we train in community-based settings and the more we support existing rural practices, the more attractive and better those practices become," said Thomas Bacon, DrPH, Director of the N.C. AHEC Program and Executive

North Carolina's Communities

Associate Dean.

The AHEC program began in 1972. It was one year later that Stewart Rogers, MD, graduated from the School. Rogers, a tenured faculty member at UNC, has worked in internal medicine through Greensboro AHEC for 21 years. Rogers believes one way AHEC improves health care in communities is by creating an academic presence in the state's hospitals.

"AHEC brings faculty and their talents as resources," he said. "The presence of medical student training programs and residency programs like we have here in Greensboro give practicing physicians the opportunity to teach and stay connected with schools of medicine."

Rogers places great value on his own community-based rotation as a medical student.

"My family is from Greensboro, and I was excited to be an acting intern in pediatrics at Moses Cone. I enjoyed it a great deal," he recalled. "I especially appreciated the independence of doing meaningful clinical work away from the university."

Nancy Pfifer, MD, '87, also is a full-time faculty member for the internal medicine residency program in Greensboro. A native of Morganton, she completed three community rotations as a student. And like Rogers, Pfifer valued the hands-on nature of the rotation.

"I loved it, mostly for the one-on-one experience with the attending," she said. "I remember once during my OB rotation at Wake AHEC, I got to do nine deliveries in one night. My peers back on campus didn't get anywhere near that kind of exposure."

Illya Wilkerson is a third-year resident in Greensboro's internal medicine program and has trained with both Rogers and Pfifer. A native of Eden, he graduated in 1997 and rates his experiences with AHEC as "wonderful. My community rotations and residency provided me with practical experiences where the attending physicians were very approachable and students were a priority."

Besides his residency, Wilkerson completed a family practice rotation at Southern Regional AHEC and an OB and emergency medicine rotations at Wake AHEC, and completed third-year medicine inpatient and outpatient rotations and a fourth-year acting internship at Greensboro AHEC Family Medicine Clinic.

Stewart Rogers, MD, takes a moment to talk with a resident.

Wilkerson plans to practice medicine in the Greensboro region. He plans to rely on AHEC for resources necessary for this new phase of his medical career.

"I haven't felt any disadvantage working in the community and a distance from the School," he said. "I can rely on AHEC library resources during the day or night. As long as I'm in the state, I'll take advantage of all the services AHEC provides."

Those resources are one of the reasons the AHEC Program is so successful, Rogers said.

"It's easy under the pressures of private practice for physicians to lose touch with the education process," he said. "I think many private physicians are grateful for the first class library resources, continuing education programs, off-campus degree programs for mid-level health-care professionals and the many other resources AHEC brings to the community."

Besides providing professional support, the School of Medicine and AHEC are important partners in patient education as well, Wilkerson said.

"Educating the patient is a big part of the battle in improving healthcare outcomes," he said. "With access to AHEC libraries and their online resources, information from tertiary research centers comes into communities in very expeditious fashion. AHEC improves health care by improving access to practitioners, but also by providing educational programs for professionals and their patients." □

Kids at UNC Hosp
To Talk With O

Allyson Salier of Recreational Therapy helps a patient operate STARBRIGHT.

By Melissa Matson

Imagine that you're 12 years old and have cancer. Trips to the hospital for chemotherapy are wearing you out. You're in pain and afraid of what will happen to you. On top of that, you feel like you're the only one in the world going through this.

Now imagine sitting at a computer and talking face-to-face with a 12-year-old cancer patient in another state. He tells you he's going through chemotherapy too, and like you, is really sick. He's also scared that he won't get well. You've found a friend.

Children at UNC Hospitals are doing that through STARBRIGHT World, a private, interactive computer network for hospitalized children. The brainchild of film producer and director Steven Spielberg, STARBRIGHT World began in 1995. Spielberg's idea was to enable sick kids to interact via videoconference with other children facing similar health challenges.

"We have created a true virtual playground — a place that can help children recapture the joy of being a kid. Regardless of how far technology advances, it is the human connection that matters," said Spielberg, chairman of the STARBRIGHT Foundation.

Last summer, UNC Hospitals became the first hospital in the Southeast to join the network. The day was celebrated with much fanfare, including a visit from the late NASCAR driver Adam Petty, who donated money to the project.

Since then, STARBRIGHT World has received rave reviews from UNC's pediatric patients.

"The kids love this," said Allyson Salier, a recreational therapy assistant in charge of UNC Hospitals' STARBRIGHT World. "The first thing they do when they come for return hospital visits is ask me when they can get on STARBRIGHT."

Currently, UNC Hospitals has five STARBRIGHT World terminals — one in its pediatric playroom, one in the N.C. Jaycees Burn Center, one in the Hospital School, one in its pediatric hematology/oncology unit and one in the bone marrow transplant unit.

"When the new N.C. Children's Hospital opens, we hope to have additional computers," said Salier. "We plan to wire every inpa-

als Use Computers
ıer Sick Children

Sprint teams with the STARBRIGHT Foundation

These days, many businesses look beyond profit margins to how they can participate in and strengthen the communities around them. Sprint is just such a company.

So when the STARBRIGHT Foundation went looking for a telecommunications company to help create STARBRIGHT World, Sprint stepped up to the plate. Now, Sprint is STARBRIGHT World's exclusive telecommunications provider.

That means that Sprint donates the multi-million dollar network infrastructure that enables thousands of children to simultaneously e-mail each other; to see and speak with their peers anywhere on the network through videoconferencing; to play together in real-time through interactive computer games; and to understand more about their illnesses through multi-media educational programs.

The technology, called Asynchronous Transfer Mode (ATM) network, makes fast, secure data transmission possible. The result is that 100 hospitals can simultaneously send and receive data, voice, video and sophisticated programming.

Sprint is a global communications company working to integrate long distance, local and wireless communications services. Sprint built and operates the United States' first nationwide all-digital, fiber optic network and is a leader in advanced data communications services and is a leader in advanced data communications services. Sprint has $17 billion in revenues and serves more than 17 million business and residential customers.

The STARBRIGHT computer has become very popular with pediatric patients.

tient room for STARBRIGHT World."

Besides its videoconference capabilities, STARBRIGHT World offers video games and Internet access to 400 pre-approved Web sites. Children can find information on a variety of illnesses, tests and treatments, or they can forget health issues altogether and play a game for fun.

When Salier sits down with a pediatric patient at a STARBRIGHT World computer, she's never quite sure what will happen.

"I let the kids go where they want and do what they want with STARBRIGHT," said Salier. "It's important for them to feel that for a short time during their day, they have some control."

Through STARBRIGHT World, kids can also post questions like "What's the worst part of chemotherapy?" on a medical bulletin board. Or they can search to see who is online.

"I was with one 17-year-old who had just been diagnosed with cancer," said Salier. "When he sat down, the first thing he did was look up his type of cancer. Then he ran a search to find someone around his age who had already lost their hair."

Everyone involved with STARBRIGHT World at UNC Hospitals — from the doctors to the recreational therapists to the patients themselves — have come away praising the system.

"Our experience is that STARBRIGHT World alleviates some of the anxiety and fear children feel in the hospital," said Harvey Hamrick, MD, professor of pediatrics. "We are so pleased to be able to offer it to our patients." □

Harvey Hamrick, MD:

Harvey Hamrick examines Jennifer Bradley, 7, of Snow Camp, NC

By Lynn Wooten

As one of UNC's best-known and respected pediatricians, Harvey Hamrick, MD, obviously has a way with children. As it turns out, he has a way with words, as well.

"One of the things that stands out about Dr. Hamrick for the residents and students training with him is his speech mannerisms," says Alan D. Stiles, MD, acting chair of the department of pediatrics. "He frequently incorporates 'sayings' in his teachings that I am sure date from his childhood in western North Carolina. For example, he'll say something like, 'It looks like the chickens have come home to roost,' when a diagnosis has been closed in on. One of our past residents assembled many of these to share at a departmental gathering. Everyone there could remember situations where these were used."

In fact, Hamrick has left such a big impression on many of his colleagues, patients and friends throughout his years at UNC that he was recently recognized with the H. Fleming Fuller Award, given annually to someone whose own dedication to the highest standards of patient care and community service mirror that of its namesake.

"Receiving the Fuller Award was really something," Hamrick says. "I was quite moved."

The recognition is a highlight in a career admired by others and relished by the award's recipient. "I've just had a great journey here," Hamrick says.

Hamrick was born in the small western North Carolina town of Rutherfordton, in the Asheville and Shelby vicinity. Considering his family history, it was something of a surprise that he went into medicine.

"I should have been a lawyer," he recalls with a laugh. "Lawyers go way back in my family. I wanted to do something different, I think. There was no epiphany, if you will. There was no great calling. In deciding what to do, I looked for a challenge and something about medicine attracted me."

Hamrick graduated from UNC in 1961 and entered the Navy. At that point, he says, "I wasn't sure what I wanted to do." Once the medicine bug bit, he entered the UNC School of Medicine and graduated in 1967. It was during his third year of medical school that he decided pediatrics was for him. "It just seemed to fit," he says. "I like working with children. And pediatricians are generally low-key people who have a lot of patience."

From 1971-72, Hamrick was in private pediatric practice in Winston-Salem, but UNC

Best-Loved Pediatrician'

– and the idea of teaching – drew him back to Chapel Hill, where he's remained ever since, working and teaching as a pediatrics generalist. "I had always wanted to teach and felt so comfortable in this setting," he says. "I like watching young people discover things themselves and see their self-confidence grow. You can almost measure it by the month."

"I have not regretted coming back here."

According to his colleagues, Hamrick's students are glad he made that career move, as well. "Dr. Hamrick generates enthusiasm about any clinical problem he encounters in a patient – regardless of how routine – and can infect the resident or student with that enthusiasm," says Stiles, who was one of Hamrick's residents in the 1970s. "I would say that Hamrick exemplifies what most of the pediatric residents in our department see as the pediatric generalist. He is also clearly the most popular role model for residents in the department."

In fact, one colleague believes Hamrick's involvement in teaching – particularly his work in honing UNC's residency program – is what he will be best remembered for. "The excellence of the residency program is his legacy," says Roberta Williams, MD, former chair of pediatrics. "We have one of the most competitive training programs in the country. He has carefully nurtured the program and served as its best role model."

Hamrick marvels at how medicine has advanced over the past 30-plus years. "Technology has certainly changed – MRIs and CT scans are just amazing. And look at immunizations. For example, in the last 10 years, one of the most serious forms of childhood meningitis has been all but eradicated by an immunization."

But the evolution of the managed care trend troubles him. "HMOs have been very disruptive of care," Hamrick says. "The strong relationship between physician and patient has been fractured quite a bit by that."

While Hamrick does not work in the clinical setting as much as he once did, his presence in the field remains strongly felt. "He is consistently diligent, compassionate, careful and unpretentious," Williams says. "He maintains the highest standards of clinical care and expects the same of others. He approaches problems with knowledge and wisdom, humor and sensitivity."

Now approaching 60, and with many of his friends and colleagues having already retired, Hamrick understands that retirement is in the not-too-distant future. But the notion of hanging up his white coat leaves him a bit uneasy. Retirement would allow him to better enjoy such favorite hobbies as swimming and spend more time with wife Ann; their two children, Anna, an attorney specializing in medical malpractice law, and James, a fourth-year UNC medical student heading to the University of California at San Francisco for residency; their spouses; and a new grandchild, his first.

"I really don't feel like retiring," Hamrick says. "Not yet. But whatever I do, I want to be very useful at it."

Resident Ramine Yazhari, left, and Hamrick talk with Jennifer Bradley of Snow Camp.

The H. Fleming Fuller Award is intended as a permanent memorial to Kinston physician H. Fleming Fuller, who died in 1986. A founding member of the board of directors of North Carolina Memorial Hospital, Fuller served on the board from 1971 until his death. The Fuller Award is bestowed on someone based on these attributes:

- Unwavering personal commitment to treating patients with compassion and respect
- Ongoing service as a staunch advocate for maintaining the highest standards of patient care and well-being — both physical and emotional
- Effectiveness as a professional role model for the students and young physicians responsible for the care of future generations
- Sense of civic responsibility through active participation in groups or organizations concerned with the health and well-being of North Carolina's citizens

This year's recipient will be announced Sept. 15

Faculty Notes

Christopher C. Baker, MD, FACS, professor of surgery, was recently appointed to the Committee on Surgical Education in Medical Schools for the American College of Surgeons. Baker also served on the American College of Surgeons' Committee on Trauma and is currently a member of the Curriculum Committee for the Association for Surgical Education.

Janice M. Dodds, EdD, associate professor of nutrition, has received the Catherine Cowell Award from the American Public Health Association's food and nutrition section, of which she is chair. The award, sponsored by Mead Johnson Nutritionals, recognizes excellence and achievement in administration, planning, mentoring and team building in public health nutrition, and includes a cash prize. Dodds specializes in community-based interventions to improve nutrition and studies leadership development with a focus on management in public health nutrition with women and children. She is also serving on the N.C. Institute of Medicine's child health task force as chair of the health promotion subcommittee.

Dodds

David A. Gerber, MD, assistant professor of surgery, recently received a Faculty Research Fellowship from the American College of Surgeons. Gerber will receive $35,000 annually for two years, during which time he will be working on the isolation and identification of a hepatic progenitor cell population. Further analysis will look at the antigenicity of these cells and how this would impact their potential in liver cell therapy as an alternative to solid organ transplantation.

Robert N. Golden, MD, professor and chair of psychiatry, has been appointed to the editorial board of Depression and Anxiety. Golden has also been appointed to a three-year term on the Scientific Advisory Panel of the American Psychiatric Institute for Research and Education. The Institute, an affiliated organization for the American Psychiatric Association, is charged with establishing the leadership role of the APA in contributing to the scientific basis of psychiatric practice and policy.

Sharon Ringwalt, MS, clinical assistant professor of speech and hearing sciences, has been appointed the Orange County Preschool Interagency Council's representative to the board of the Orange County Partnership for Young Children, for a three-year term. Ringwalt currently is the co-chair of the Health and Early Intervention Grants Review Committee for the Partnership.

George F. Sheldon, MD, Zack D. Owens distinguished professor and chair of surgery, has been awarded an honorary fellowship by the Philadelphia Academy of Surgery, the oldest surgical society in America, for his contributions to the improvement of the science of surgery and the education of surgeons.

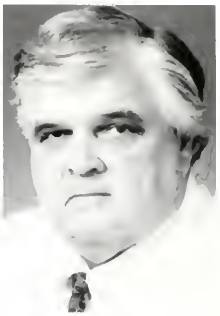
Sheldon has also been unanimously selected as an honorary fellow of the Society of Black Academic Surgeons. The classification of honorary fellow is the Society's most coveted recognition and is bestowed on those who have distinguished themselves through outstanding achievement and dedication to the objectives of the Society.

Sheldon was most recently elected as an honorary fellow of the Royal College of Surgeons of England, an independent, professional body committed to promoting and advancing the highest standards of surgical care for patients. He will be admitted to the College at a ceremony in October.

Sheldon, surgery chairman for 15 years, is the chair of the Association of American Medical Colleges, an organization dedicated to improving public health by enhancing the effectiveness of academic medicine. He is a former president of the American College of Surgeons, the American Surgical Association, the American Board of Surgery and the American Association for Surgery of Trauma. The author of more than 300 articles and book chapters, Sheldon has held editorial board appointments at several national peer-reviewed medical journals.

Sheldon

IN REMEMBRANCE



W. Paul Biggers, MD, 62, died April 5, 2000, leaving a legacy as a caring physician and a teacher of physicians. He was an integral part of the University of North Carolina since becoming a medical student in 1959. Dr. Biggers completed his residency and joined the faculty in 1968. He offered an example of compassion, scholarly devotion, and commitment to patient care.

Beyond these contributions, Dr. Biggers had a lifetime interest in speech and language and served on the Board of Examiners for Speech and Language Pathologists and Audiology. Through tireless efforts, he ensured that the state Legislature established and continued a program designed to aid children with speech and hearing disorders. This program has already benefited thousands of children within our state.

For these efforts, he was presented the Service to Mankind Award and also was named the 1999 H. Fleming Fuller Award winner as the outstanding clinician at UNC Hospitals. (A profile about Dr. Biggers appeared in the Winter 1999 issue of this publication.)

In recognition of Dr. Biggers' many contributions, George Sheldon, MD, and Harold C. Pillsbury, MD, led efforts to rename the Carolina Children's Communicative Disorders Program the W. Paul Biggers, MD, Children's Communicative Disorders Program.

Just weeks prior to his death, the W. Paul Biggers, MD, Distinguished Professorship was established. Dr. Biggers requested that the Professorship be awarded to a physician who shares his passion for innovative teaching. Individuals wishing to make a donation to the endowment of this newly created professorship should contact The Medical Foundation of North Carolina, Inc. at (919) 966-1201.

Alumni Notes

60s

Marvin R. Goldstein, MD '65, has been practicing cardiology in Scottsdale, Ariz., for 30 years. He and his wife, Michelle, crossed the Pacific and back (7,000 miles) in their sailboat. Upon their return, they found out they were pregnant with twins, now age two. Marvin can be contacted at marvgold@speedchoice.com.

Benjamin K. Ward, Jr., MD '67, was named Rotarian Man of the Year in 1999 by the Florence, South Carolina Rotary Club. He is a urologist with Florence Urologic Associates.

70s

Cynthia D. Conrad, MD '78, has a new position with Connecticut Valley Hospital, the state's long-term psychiatric hospital, as Chief of Professional Services.

Jonathan S Krauss, MD '78, recently accepted an early retirement offer from the Medical College of Georgia where he has been a professor of pathology.

80s

Charles B. Nemeroff, MD '81, PhD '76, was recently received the William C. Menniger Award for contributions to mental health by the American College of Physicians. He will receive the award next April in Philadelphia at the ACP's annual meeting.

William Winkenwerder, MD '81, was recently named to the Board of Directors of the American Association of Health Plans and was elected fellow of the American College of Physicians. He currently serves as executive vice president and vice chair of Blue Cross/Blue Shield of Massachusetts.

Marc Randall, MD '82, is currently chair and William A. Mitchell Professor of Radiation Oncology at Indiana University School of Medicine. This year, he will serve as the President of the Medical Staff of Clarian Health Partners Inc., the consolidated hospital system of University Hospital, Riley Hospital for Children and Methodist Hospital of Indiana Inc. Marc and his wife, Brabsie (BS '79), have three children: Ken, 14; Morgan, 12 and Marycobb,10.

Tobias Schifter, MD '86, is a diagnostic radiologist and nuclear medicine specialist in Phoenix, Ariz. He recently was appointed president of the Arizona Radiological Society. His two-year term started January 2000. He can be reached at tschifter@evdi.net.

Phil Thwing, MD '84, is engaged to be married to LeAnne Keicher. His email address is: PhilThwing@ Greene.xtn.net.

Lawrence Wyner, MD '83, is a renal transplant surgeon at Charleston Area Medical Center in West Virginia. He and his wife, Louida, announce the birth of their second child, Tessa Anneliese, who was born Nov. 30, 1999. Their son, Joshua Ross, celebrated his third birthday in July.

90s

Brian Hamilton, MD '91, moved to Ann Arbor, Mich., in 1991, where he completed his radiology residency and fellowships in cross-sectional imaging and interventional radiology. In 1997, he moved to Charlotte, where he joined Mecklenburg Radiology Associates. He and his wife, Kim, recently welcomed triplets (Lila, Olivia and McAlister) to their family.

C. King Bibby Jr., MD '92, finished two years as a general surgery resident at UC-San Francisco before completing family practice residency at Medical College of Virginia in Richmond, Va., and becoming board certified in 1997. Bibby is now completing his general surgery residency at UC-Fresno. He can be reached at kingbibby@aol.com.

Catherine C. Betor, MD '93, gave birth to Nicole Canada Betor on Oct. 19, 1999. She works as a pediatric ophthalmologist with Morganton Eye Physicians, PA.

Cynthia Cowan Bennett, MD '93, and her husband, Scott Bennett, MD '93, gave birth to twins, Quentin Thomas and Olivia Judith on Nov. 23, 1998. Bennett and her husband are in private practice in Gastonia and can be reached at cindy-lou@gridusa.net.

Victoria Garrett, MD '96, a resident at Children's Hospital of Michigan, helped design a program that recently received a Community Access to Child Health planning grant, funded by Wyeth Lederle Vaccines and awarded by the American Academy of Pediatrics. The program, called Teaching Children How to Raise Children, is designed to give teen-aged mothers in Detroit the skills they need to care for their children.

Development Notes

Dance Marathon raises $70,000 for Kids

The second annual UNC Dance Marathon raised $70,025.98 to benefit the patients of the N.C. Children's Hospital — nearly doubling its first-year collection.

"The Medical Foundation and everyone at the N.C. Children's Hospital is extremely grateful for the endless effort and enthusiasm given by the participants of this year's Dance Marathon," said Jim Copeland, president of the Medical Foundation of North Carolina, Inc. "Their achievements are remarkable. They are a shining example of what Carolina students are capable of when they pull together for a great cause — children."

The Dance Marathon is the largest fundraiser for the Children's Hospital and is organized solely by UNC students. More than 70 students danced for 24 hours beginning at 7 p.m. Feb. 25 to raise money for the Children's Hospital. The Dance Marathon committee has purposely left this money unrestricted because its members want it available for the programs and patients most in need.

Last year, the Dance Marathon raised $40,003.85 during its inaugural event, making it a first-time success story. Organizers this year broke last year's total in part by also hosting a silent auction of donated items. The auction alone brought in $12,256.

MAA Supports High-Tech Health Sciences Library

UNC's Health Sciences Library has received $40,000 from the Medical Alumni Association and its Medical Alumni Loyalty Fund. This is the second payment of a five-year pledge totaling $200,000.

The pledge is a gesture of the Association's commitment to the Library's Capital Campaign, an initiative to renovate the library building to meet the changing needs of physicians, faculty, staff and students in the 21st century. The Medical Alumni Association has a history of supporting the Library. Since 1991 they have donated a total of $325,000 to assist the Library in providing innovative health information systems and services.

Campaign goals include creating teaching labs, an electronic classroom with teleconference capabilities and cutting-edge media kitchens, where students, library staff and faculty collaborate to make electronic course materials. The kitchens will contain all the necessary ingredients, such as network connections and digital video software, to create the most effective set of materials for both the teacher and student.

James Harper, MD, and Jane McNeer, (right), present Carol Jenkins with a $40,000 check for the UNC Health Sciences Library.

Though the renovation is not intended to provide increased space, it will offer users a redesigned space for learning and teaching. "We want to make the Library a warm and inviting gathering place for everyone who takes advantage of our resources. At the same time, we need to be as high tech as possible," says Carol Jenkins, Health Sciences Library Director.

Former UNC researcher honors his late wife with $1 million donation

A former UNC researcher has given more than $1 million to establish fellowships honoring his late wife. The fellowships would benefit future scientists with the UNC Neuroscience Center.

James R. White, PhD, a retired UNC professor of biochemistry, has transferred stock valued at $1,028 million to The Medical Foundation of North Carolina, Inc., to fund the Helen Lyng White Fellowships in Neuroscience Research.

"Following my wife's death, I tried to develop a way to honor her memory in an appropriate way," he said. "Since most of Helen's research in the years just prior to her death was directed toward the development of drugs to treat afflictions of the central nervous system, it seemed appropriate to somehow promote research in the neuroscience area. Fortuitously, at UNC-Chapel Hill the Neuroscience Center had just gotten underway," said White.

"This endowment is a wonderful gift and sincerely appreciated by all of us at the School of Medicine," said Jane M. McNeer, vice president of The Medical Foundation of North Carolina, Inc. "Many young scientists for years to come will be the true beneficiaries. This gift will make a real difference in research at the Neuroscience Center."

James White met Helen Lyng while they were both doing research with the DuPont Co. in Wilmington, Del. Following their marriage in January 1955, Helen, a 1952 graduate of Russell Sage College, continued her education at the University of Delaware, where she received a Master's degree in radiation chemistry. In 1962, they came to UNC, where James joined the faculty of the medical school. Helen received her PhD in biochemistry in 1967. Thereafter, she joined Burroughs Wellcome Laboratories.

When Glaxo purchased Burroughs Wellcome, she and other scientists formed a company called KPI, which is still located in the area and focuses on studying nerve growth factors and antidepressants.

Helen White died of cancer in 1997.

Helen Lyng White

William D. Snider, MD, director of the Neuroscience Center, said it "is anticipated that the interest from this endowment would support the salaries of two post-doctoral fellows. The successful applicants would bear the title 'Helen Lyng White Fellow in Neuroscience Research.'"

President's Letter

Final Greetings.

It has been an honor and a pleasure to serve as president of the Medical Alumni Association this past year. I have enjoyed many opportunities to participate in various ceremonies and meetings that involved alumni, faculty, students and friends of the medical school.

At the White Coat ceremony and at graduation, it was a treat to share the excitement and anticipation of students at the beginning and the end of their school experience. These are some impressive young people about to enter the profession who will be a credit to their alma mater.

The Norma Berryhill Lecture brought together many longstanding and new faculty and friends to be reminded once more of the rich heritage we share though our school.

Regional alumni meetings were well attended and were a time of fellowship and an opportunity for Dean Houpt to discuss the state of the school. I'm sure those who made the effort to attend were gratified by the experience.

My favorite event is the Spring Alumni Meeting. The turnout this year was outstanding. Aside from my being somewhat microphone-challenged, the program went well. The recipients of the Alumni Distinguished Service Awards certainly represented the best that the School of Medicine stands for. Presenting Harold Roberts the Alumni Distinguished Faculty Award was the highlight of the year for me. Ron Neal's remarks in announcing the scholarship endowment in Dr. Roberts' honor epitomized the sort of impact he had on many who trained and worked under him.

Dr. Bud Harper has certainly taken on his duties as Associate Dean for Alumni Affairs with relish and finesse. (As an aside, comparative golf scores of Dr. Harper and Dean Houpt are a state secret!) Of course, Stephanie Stadler makes the alumni office run as smoothly as it does.

Acknowledgments would be incomplete without thanking John Foust, ably supported by the Medical Foundation Staff, for his unrelenting efforts on behalf of the Loyalty Fund. Congratulations are in order to the Class of '55 for their outstanding contribution this year.

For our school to continue to progress and prosper the referendum on the bonds for captial projects in the university system must pass. Anyone who will speak on behalf of the bonds at civic clubs, churches, etc. can contact the Dean's office for speaking points or other assistance. Your help is needed.

Finally, thank you for your support this year. I know you will enjoy having Paul Viser at the helm in the next year.

Gordon B LeGrand

Gordon B. LeGrand, MD, '65

CME/Alumni Calendar

June 10, 2000 – Chapel Hill
Medicolegal Seminar 2000

June 11, 2000 – Chapel Hill
Pathology and Laboratory Medicine Update for the Practicing Pathologist

June 16, 2000 – Chapel Hill
OPRR Regional Workshop

July 7-10, 2000 – Chapel Hill
Elementary & Adolescent TEACCH Summer Training

July 10-Aug 4, 2000 – Chapel Hill
Preschool TEACCH Summer Training

July 21-23, 2000 – Amelia Island, FL
Heart Failure Management 2000

July 21-23, 2000 – Research Triangle Park, NC
Neurodevelopmental Variations

July 10-August 4, 2000 – Chapel Hill
Preschool TEACCH Summer Training
Elementary & Adolescent TEACCH Summer Training

For more information about CME courses, contact the Office of Continuing Medical Education, (919) 962-2118, or toll-free through the Consultation Center, (800) 862-6264. To contact the Alumni Affairs office, call (919) 962-6786 or e-mail medical_alumni@med.unc.edu.

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____% of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or jmcneer@email.unc.edu.

Nonprofit Organization
U.S. Postage
PAID
Chapel Hill, NC
Permit No. 24

PERIODICALS DEPARTMENT
HEALTH SCIENCES LIBRARY
CB 7585
CAROLINA CAMPUS 7585

Summer 2000

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

W. Reece Berryhill, MD
The Father of
Modern Medicine

Walter Reece Berryhill, MD

100th anniversary of his birth stirs memories of enormous contributions to UNC

By Karen Stinneford

Nearly four decades after Walter Reece Berryhill, MD, stepped down as dean of the UNC School of Medicine, his vision and influential leadership lives on.

It is evident in the initials "MD" that appear on Carolina diploma's behind every medical school graduate's name.

It is evident in patients from towns such as Grifton and Monroe and Hamlet who have access to high quality care at one of the country's finest academic medical centers.

It is evident in the hundreds of doctors, nurses, pharmacists and dentists working in medically underserved areas of the state with the support of the N.C. Area Health Education Centers program.

As stated by one of Berryhill's former students and faculty members in a letter nominating his mentor for the University's prestigious O. Max Gardner Award, "Dr. Berryhill has always seemed to me to exemplify the characteristics of one who has done most to benefit the human race."

Berryhill, the architect of modern medical education at Carolina, was born near Charlotte on Oct. 14, 1900.

A staunch Scotch-Presbyterian, Berryhill intended to pursue a career in the ministry when he enrolled at Carolina in 1917. Figuring a minister needed to be well-grounded in the classics, he studied Latin, Greek and English, even winning the Eben Alexander Prize for the best English translation of a selected Greek passage. With characteristic humility, Berryhill later downplayed the achievement by saying the prize wasn't a big deal — he was the only student who competed for it and besides, "I needed the $10."

But modesty can't hide the accomplishments of a young man determined to make the most of his education. During his undergraduate years at Carolina, Berryhill served as president of the senior class and head of the student council and was inducted into Phi Beta Kappa.

Sometime during his junior year, Berryhill decided to become a doctor instead of a minister. He also met the woman who would become his wife and, years later, his partner in building the medical school and hospital at UNC.

Walter Reece Berryhill, MD
North Carolina Collection University of North Carolina Library at Chapel Hill

Berryhill met Norma Connell of Warrenton one Saturday afternoon at Peace College. He had gone there to visit a girl from home, but upon finding her holding court with a parlor-full of male suitors, he was introduced instead to Miss Connell, who accompanied him to the college chapel for a chat.

During their visit, Berryhill proceeded to shock the pious young lady with questions that seemed heretical. "Could God fry an egg on a snowball?" he asked her.

"He didn't have the gift of gab, and I didn't have the gift of gab, and he just trying to find something to say," Mrs. Berryhill recalled recently. "He was trying to shock me to start the conversation and so he borrowed a technique from Horace Williams, his philosophy teacher, who would ask shocking questions to make people think and talk."

When he graduated from Carolina in 1921, Berryhill lacked money for medical school, so he returned to Charlotte and taught in local public and private schools for two years, carefully saving for a return to Chapel Hill.

Since it was founded in 1879, closed in 1885 and re-opened in 1890, the UNC School of Medicine had struggled to expand its curriculum beyond a two-year program of gross anatomy instruction and science labs. In 1902, the University's leaders added an additional two years of clinical instruction by tapping the resources and patients in several Raleigh hospitals. The effort failed for lack of state funding and by 1910, the University was back to teaching the basics in a two-year program. Its medical students had to attend other colleges to procure their medical degrees.

Berryhill received his medical degree from Harvard in 1927 and was an intern and resident in medicine at Boston City Hospital before moving to Belmont for a short stint in private practice.

In 1929-30, he pinch-hit in the classroom of Isaac Manning, MD, dean of the UNC School of Medicine. When Manning asked Berryhill to teach a physiology course, the latter replied that he didn't know enough physiology to conduct it.

"Well, Reece, then this is a good way to learn some more!" Manning responded.

Whatever his initial qualms about teaching, Berryhill clearly had the gift of — and love for — classroom instruction, and from that point on practiced medicine in an academic setting.

Berryhill and Miss Connell married in August 1930, and she accompanied him to Cleveland where he was first chief resident in medicine and later attending physician at Lakeside Hospital and an instructor at Case Western Reserve University. The Berryhills returned to North Carolina in 1933 when he accepted a position as chief physician at UNC's student infirmary. A short time later, he became an associate professor of medicine.

Berryhill rose quickly through the ranks of the medical school, becoming assistant dean in 1937 and acting dean in 1940. When he became dean in 1941, he was just 41 years old — the youngest man ever appointed to

the position. Yet youth didn't impede his vision. Legend has it Berryhill so believed Carolina needed a four-year, degree-awarding medical school that he extracted a promise from then-University president Frank Porter Graham to help make it happen.

Berryhill's timing — that of World War II — would prove providential. At the same time Berryhill began his effort to expand UNC's medical school, men throughout America were enlisting in the armed services. North Carolina men were called to serve, too, but many were rejected as being physically unfit. The state ended up with one of the nation's highest draft-rejection rates.

Why were North Carolina men — many of whom toiled in the strenuous labor of farm and textile work — physically unfit for armed service? Poor nutrition was one cause, but a bigger factor was access to good medical care. Being a predominantly rural state, North Carolina lacked enough physicians to adequately care for its population. As a result, many injuries and illnesses went untreated, which affected the overall health of the state's citizens.

The embarrassment of having one of the country's worst draft-rejection rates spurred North Carolina's legislature to create several commissions and public-service campaigns to promote better health. This offered Berryhill the perfect opportunity to sell his vision of what the state's flagship university could do to for her citizens: train more primary-care doctors who, in turn, could treat more people.

To accomplish this, Berryhill said, Carolina needed a four-year medical school. Carolina needed a hospital where medical students could gain valuable clinical experience and where community-based physicians could send their patients for specialized care. And Carolina needed to encourage medical students to work in small-town practices, and also lend support to the physicians already serving there.

His vision became the blueprint for today's UNC School of Medicine, UNC Hospitals and the N.C. Area Health Education Centers program.

William B. Blythe, MD, Marion Covington professor of medicine, called Berryhill's timing fortuitous. Not only was the N.C. General Assembly concerned about the poor health of citizens, but many men in political power were former classmates of Berryhill's. They quickly embraced his opinion that the University should be part of the solution.

"In the 1940s, the leadership of this state, by and large, had come from Carolina — they were Berryhill's schoolmates, and that 'good old boy' network helped him tremendously," Blythe said.

In 1947, the General Assembly provided $5,290,000 to build a 400-bed hospital in Chapel Hill. The money also was used to expand the School of Medicine building and build dormitories for nurses and house physicians. Two years later, the General Assembly appropriated another $2.3 million to complete these projects.

In an undated op-ed column Berryhill wrote shortly before N.C. Memorial Hospital opened in 1952, he lauded how these improvements would benefit all North Carolinians.

"With this increase in the annual output of doctors, largely residents of the state; with increased facilities for the training of nurses, technicians and aides in various medical fields; and with increased consultation and postgraduate education facilities available, the state should be well along the road toward solving its most pressing health problem — the lack of adequate personnel," he stated.

The UNC School of Medicine graduated its first class of MDs in 1954.

While Berryhill carefully built a medical school and hospital in the 1950s and early 1960s, he did so without any fanfare or self-promotion. Indeed, Berryhill's modesty and humility was renowned among students and faculty. Even the most comprehensive book to detail the history of the UNC School of Medicine, "Medical Education at Chapel Hill: The First Hundred Years," barely mentions Berryhill and his legacy at all — a fact that seems strange until one happens to note he was an author.

"Dr. Berryhill had a strong devotion to duty, which was manifested in a strong devotion to the University of North Carolina and to the state," Blythe said. "The University and the medical school were his religion — he had no desire for self-promotion and he never took credit for anything. He just wanted what was best for the University and medical school."

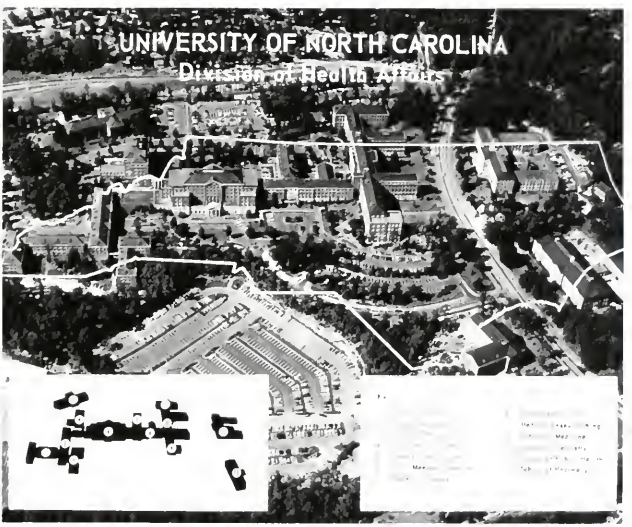
William W. McLendon, MD, emeritus professor of pathology and laboratory medicine, said Berryhill possessed a number of characteristics that made others admire him as a leader. His ability to carefully listen to and weigh other peoples' opinions before he made a deliberate and final decision commanded respect. He knew every faculty member and student by name. He sought out faculty members with strengths different from his own and gave them the autonomy they needed to fulfill their professional potential.

Most of all, Berryhill possessed enormous personal and professional integrity, said McLendon, who recounted the following incident:

"One day, Dr. Berryhill got word that his barn was on fire," McLendon said. "He had the keys to the state car in his pocket because he was going to Raleigh that afternoon to appear before a legislative study commission. No one would have blamed him for jumping in the state car and driving out to see about his burning barn, but Dr. Berryhill wouldn't have even considered doing that. Instead, he walked around the medical school until he found a faculty member whose car he could borrow and then he drove the borrowed car out to the barn."

Physicians like Berryhill who trained during the 1920s and 1930s were encouraged to develop imposing, stern countenances to help underscore their pro-

Continued on page 10



This historic aerial photo of the Health Affairs campus symbolizes the University's connection to the state's citizens.

Source: Courtesy of the Louis Round Wilson Special Collections Library, University of North Carolina at Chapel Hill

Relishing the challenge

By Melissa Matson

Luis Diaz likes a challenge. It's a characteristic that has shaped his medical career and serves him well as the new chair of the Department of Dermatology.

Born and educated in Peru, Diaz had no idea that he'd spend the greater part of his adult life in the United States. Nor did he have any idea that after 10 years as chair of dermatology at the Medical College of Wisconsin, he'd leave his position and the state he called home to move to North Carolina.

Luis Diaz, MD

Life in Peru

Diaz considers himself fortunate to have attended medical school in Peru in the late 1960s. "The medical school was new, though it was part of one of the country's oldest universities founded by Liberator Simon de Bolivar in 1824," said Diaz. "It was affiliated with a brand-new teaching hospital which meant we had the latest technology and teaching."

Following his last year in medical school, Diaz accepted a residency position in internal medicine. During that year, he decided that he wanted to become a specialist. "Internal medicine was too general for me," said Diaz. "I needed a field I could go more in-depth in."

Coming to the U.S.

He had planned to finish his training and practice medicine in Peru. But a challenge from some classmates made him consider other options.

"It never crossed my mind to come to the United States," said Diaz. "But when I found out that two classmates were taking a United States licensing exam, I had to take it too."

Diaz passed the exam in 1969, and shortly thereafter, the job offers began rolling in. "My timing was good," Diaz said. "Many U.S. hospitals at that time were suffering from a shortage of physicians."

But before Diaz could accept an offer, he had to resolve an issue in his personal life: his relationship with Dora, his long-time girlfriend. "I asked her to marry me in October 1969," said Diaz. "We got married that December, and two weeks later, we moved to the United States."

Furthering his education

Diaz started his training in the United States as a medicine intern at New York's Ellis Hospital. He found himself well prepared for what he'd face that first year.

"My clinical training in Peru exposed me to so many patients, so I was way ahead of my peers clinically," said Diaz. "The challenge for me was the language barrier."

During his time at Ellis Hospital, Diaz considered more carefully the areas of medicine in which he might specialize. He knew he enjoyed dermatology, and he was intrigued by immunology. So he applied to residencies that offered the chance to study both.

At the Department of Dermatology at SUNY-Buffalo, Diaz found exactly what he was looking for — a flourishing community of immunologists and the beginnings of a field called immunodermatology. Among his mentors were nationally recognized dermatologists Dick Dobson, MD, his department chair, and Thomas T. Provost, MD, who later became chair of dermatology at Johns Hopkins School of Medicine.

Following his residency, he accepted a fellowship at Mayo Graduate School of Medicine in Rochester, Minn. It was during his fellowship that he began research into two autoimmune diseases of the skin, pemphigus vulgaris and pemphigus foliaceus, research he continues to this day.

"Pemphigus vulgaris and pemphigus foliaceus are rare but serious autoimmune blistering disorders of the mouth and skin," said Diaz. "Before 1950, people would die with no treatment. Today, we can treat people with steroids and immunosuppressive agents. Unfortunately, we don't know the cause of human autoimmune disease."

Beginning an academic career

Once Diaz finished his training, he had a decision to make.

"At that point, I was the father of two children and had offers to go into private prac-

tice," said Diaz. "But I was attracted by the variety in academic medicine, the challenge of doing research, patient care and teaching."

So in 1976, he joined the University of Michigan as an assistant professor of dermatology. His chair gave him a lab for his research and start-up funding, then sent him out on his own. "I saw patients a few days per week to generate a salary and wrote grant proposals to get funding for my research," said Diaz. "I had to prove myself."

During his years at Michigan, Diaz had the chance to expand his research outside of the United States. He knew that an endemic form of pemphigus existed in Brazil. He also knew several people at the University of Sao Paulo, and subsequently was invited to join them as a visiting professor.

"Brazil was the perfect place to conduct research," Diaz said. "In certain regions, doctors see several hundred patients per year with a disease related to pemphigus. I was drawn by the opportunity to find out the cause of the disease in Brazil, with the goal of applying that knowledge to find the cause of the same disease here in the U.S."

In 1982, Diaz and his junior fellows left Michigan for Johns Hopkins. There he secured his second National Institutes of Health grant and further expanded his research in Brazil. "It was exciting to work on the frontier of research in the U.S. one day, and be in the remotest regions of Brazil the next," said Diaz.

All told, Diaz spent six years at Johns Hopkins. While there he was made the school's fourth full professor of dermatology.

His first chairmanship

In 1988, the Medical College of Wisconsin made Diaz an offer he couldn't refuse — a chance to establish the college's first department of dermatology.

"When I got there," said Diaz, "they only had six residents and a part-time faculty member. So I was starting from scratch."

That was a challenge he relished. He started by hiring faculty for a laboratory and then hired clinical people. Ten years later, Diaz said, Wisconsin had one of the best dermatology programs in the midwest.

His claim is not without support. In 1998, Wisconsin's dermatology department ranked 14th in the nation in NIH funding. In the same year, UNC was ranked 11th.

His department's residency program also won a prestigious award from the American Academy of Dermatology that recognized excellence in innovative teaching. The residency program included a two-month rotation at the University of Sao Paulo, Brazil, Department of Dermatology. (Note: This exchange program has been transferred to UNC and made available to residents here.)

Coming to Chapel Hill

In early 1999, Diaz received letters from several search committees — one from the University of North Carolina. They wanted to interview him for their dermatology chairmanships.

"I woke up to a new reality then," Diaz said. "First-grade institutions were interested in me. That created a restlessness in me as I thought about the possibilities."

True to form, Diaz recognized that new challenges were within his reach. He decided to go through the interview process. In the end, he chose UNC.

"UNC was quick with its offer," said Diaz. "And I saw here the chance to establish a strong research collaboration between our faculty and those in the departments of immunology and epidemiology. That was very important in my own research."

His vision

Diaz joins UNC's dermatology department at what he sees as a pivotal time. "The department has a wonderful national reputation," said Diaz. "But the department is going through a transition as one generation of leadership is taking a step back. I want to establish foundations that will help the department advance beyond where it has been."

Luis A. Diaz, MD

Born:	September 16, 1942, in Cascas, La Libertad, Peru
Wife:	Dora
Children:	Luis, Jr., MD, 29; Fernando, 24; and Carlos, 22
Personal interests:	Computers, cooking, movies and fishing
Became U.S. citizen:	1982

Those foundations include making the department attractive to a new generation of dermatologists who might otherwise choose private practice. They also include making sure his department is prepared for the inevitability of increased competition.

"You know, up until now, we dermatological clinical practices at many medical schools haven't really had to worry about where the money will come from," said Diaz. "But now many are experiencing the stress of competition with managed care. I want to make sure we're ready for it here."

If there's one thing that this current president of the Society for Investigative Dermatology wants to make sure others know about him, it's that he's a team player. "I've been in academia for most of my career and have seen many different management styles, including divisive ones," said Diaz. "I look forward to working with this administration and my colleagues to further the work begun here. And I will do my best to fulfill the mission of this department in patient care, medical education, research and community service." □

Teacher-student kidne
UNC Hospitals and gain

By Karen Stinneford

An otherwise routine living-donor kidney transplant at UNC Hospitals captured the national media spotlight last April when Jane Smith, a middle-school science teacher from Fayetteville, gave a kidney to one of her students, Michael Carter.

The human-interest appeal of the "teacher-student kidney transplant" story attracted reporters from media outlets such as *People* magazine, *The New York Times*, *NBC Nightly News* and *Dateline NBC*.

Michael had been born with renal dysplasia, and a result, one of his kidneys failed to grow and function while the other functioned only minimally. He began undergoing dialysis treatment in June 1998, and his name was added to UNC's kidney transplant waiting list in March 1999.

The poignant story unfolded when Smith watched Michael, now 15, toss a football with some other students on the playground at Max Abbott Middle School last year.

Smith knew nothing about Michael's medical condition while she watched him throw and catch the ball. To her, it seemed he was "a step or two behind the other kids each time," which she attributed to the baggy pants and shirt he was wearing.

During a break in play, Smith told Michael that if he wore tighter-fitting clothes, he could keep up with the other students. He replied that he wore loose clothes because he was undergoing dialysis three times weekly and the loose clothing made the procedure more comfortable.

As Smith would later describe it at a news conference, the conversation went like this:

"You're not on dialysis," Smith said in disbelief.

"I am, too," Michael said. "I need a kidney."

"Well, I have two — do you want one of mine?" Smith replied.

Although Smith's offer to donate a kidney was a spontaneous gesture, it was a sincere one. She gave Michael a slip of paper with her name and home phone number on it, and told him to give it to his mother, Deborah Evans. Carter did, and when his mother didn't call immediately, he pestered her.

At the news conference, Evans recalled that she was hesitant to contact Smith because she didn't want her son to get his hopes up. About a dozen of Michael's relatives had been tested as potential donors and no one matched. The likelihood that a teacher from the school playground would match seemed slim, Evans said.

Yet Michael persisted. Every time he passed his mother in the hall at home, he asked whether she had called Smith yet.

"She's the one, Mom — I just know it," Michael told his mother repeatedly.

So Evans made the phone call, and soon Smith was at UNC Hospitals undergoing tests to determine whether she was a suitable match for Michael. She was.

The transplant was scheduled to take place in December, but was postponed when Michael developed an infection just prior to surgery. In April, Smith and Michael were admitted to UNC Hospitals and this time, they felt, the surgery was meant to take place.

Mark W. Johnson, MD, director of the renal transplant program at UNC, removed Smith's kidney laparoscopically on Friday, April 14, before handing it off to David A. Gerber, MD, assistant professor of surgery, for transplantation into Michael.

Other members of Smith and Michael's medical team included: Elizabeth Friedman, RN, transplant nurse coordinator post-op; Debbie Sue Gipson, MD, pediatric nephrologist; Becky Knotts, CCSW, clinical social worker; Lynn McCoy, RN, CNN, renal transplant nurse coordinator; Ann Morris, RN, nurse practitioner; and Beverly Rodegast, RN, transplant nurse coordinator post-op.

By the morning of Monday, April 17, Smith had recovered sufficiently enough to appear with Michael's mother and Gerber in live interviews on *The Today Show*, *Good Morning America* and MSNBC. They also conducted interviews with *NBC Nightly News*, which sent a film crew to UNC Hospitals.

Later that afternoon, they held a news conference for TV, radio and print reporters from throughout North Carolina. Subsequent news stories appeared in *USA Today*, *The Wall Street Journal's Southeast Edition*, the *Atlanta Journal-Constitution*, the *Boston Globe*, the *Chicago Tribune* and *Houston Chronicle*, and aired on TV stations in Cincinnati, Cleveland, Dallas, Detroit, Kansas City, Los Angeles, New York, Philadelphia, Phoenix, Salt Lake City and San Francisco.

Smith left UNC Hospitals following the news conference, just 72 hours after her kidney was removed. She returned to her classroom about two weeks later.

"I feel fantastic," Smith recently stated. "If it weren't for the reminder (scar) on my abdomen, I really wouldn't know I'd done it. It only took three weeks to feel I had full energy again."

Michael's mother also reported that he is feeling better than he has in years.

"Michael is doing great," Evans said, adding that doctors have given Michael permission to start playing his beloved basketball again.

Both families gave high praise to the health-care providers and staff at UNC Hospitals.

"Regarding my thoughts about the doctors, nurses, transplant coordinator, public-relations department, food service and transportation at UNC Hospitals — well, let me just say I am proud to be a UNC alumnus," Smith said. "The skill, care, instruction, counseling and support were amazing. Drs. Johnson and Gerber are phenomenal men. Their knowledge and concern for the patient give confidence and comfort, and I was never anxious for one moment. They are a credit to their profession.

"I just can't say enough about my enormously positive experience at UNC Hospitals."

Evans agreed. "I've been to other hospitals with Michael and felt I had to watch him constantly," she said. "But at UNC, I knew I could leave his room and go to the cafeteria and be comfortable with that situation.

ransplant takes place at ational media attention

Jane Smith and Michael Carter spend some time reading get well wishes on a prayer chain hanging in Michael's hospital room.

We felt so secure. I knew Michael was in good hands."

Since her surgery, Smith has been honored at, and invited to speak at, conferences recognizing the valuable contributions of volunteers or promoting awareness about organ donation. She is pleased with how the news media has portrayed the transplant.

"The media interest was unbelievable — and persistent, as I am still getting calls," she said. "The coverage has been, without exception, tremendously supportive of the process, my profession as a teacher and my faith. I really can't complain when the press is so positive about issues I care so deeply about."

And if her and Michael's story persuades one person to consider becoming an organ donor, she said, the media attention will be well worth it.

According to the Carolina Donor Services in Durham, about 67,000 Americans currently are awaiting a life-saving organ transplant. Thirteen people on the national waiting list die every day, and some 4,855 people died in 1998 when organs did not become available. A new patient is added to the national organ waiting list every 16 minutes.

In North Carolina, nearly 2,300 people are awaiting an organ transplant. People ages 18 and older can indicate their desire to donate by signing a donor card and expressing their wishes to family members. Relatives can donate a deceased family member's organs and tissues regardless of that person's age. As many as 50 people can benefit from one person's decision to donate. For more information about becoming an organ donor, people can call The Coalition on Donation at (800) 355-SHARE or visit the organization's World Wide Web site www.shareyourlife.org □

Top mouse geneticist he

By Leslie H. Lang

The internationally renowned mouse geneticist, Terry R. Magnuson, MD, recently joined the UNC School of Medicine to head a new genetics department and genomics initiative.

Magnuson, one of the most sought-after scientists in mammalian genetics brought with him his entire 15-member laboratory group from Case Western Reserve University.

In his tenured appointment as Sarah Graham Kenan professor and chairman of genetics, Magnuson became founding head of the medical school's newest department. The program will be housed in a 100,000-square-foot human biology research building currently under construction with a combination of public and private funds.

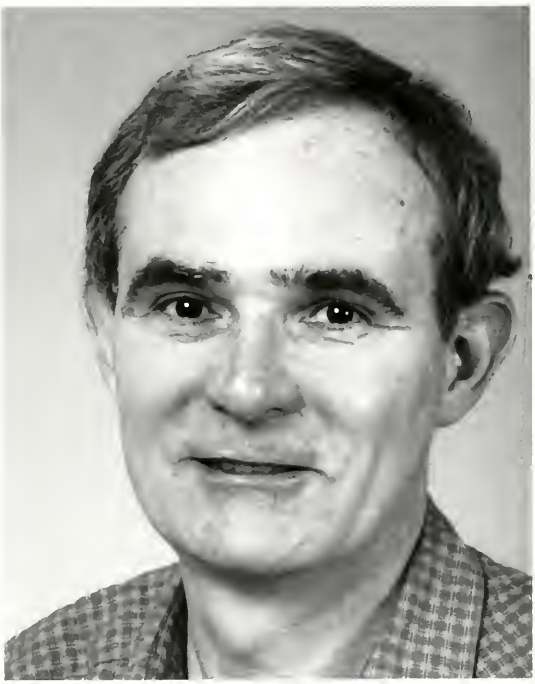
"Terry chose UNC over many other opportunities, some of which offered substantially larger resources than we currently have," said Jeffrey Houpt, MD, dean of the School of Medicine. "He was influenced by the exceptional science programs here, the careful planning of our needs and strategies and the collegial atmosphere of the entire research community."

During visits to Chapel Hill, Magnuson took particular note of the reality behind Carolina's reputation for interdisciplinary research.

"It's a very collegial place, and that's what struck me when I came through, versus other institutions I visited," he said. "If one wants to put together a university-wide center, it seems more likely to happen at UNC because of the culture. And I find that very exciting."

Funding also was an important factor in Magnuson's decision to come to Chapel Hill. The School of Medicine will receive $2.6 million over four years from the Howard Hughes Medical Institute to help develop and staff its new genetics center.

"The genetics center will complement existing research strengths at UNC in the study of mouse models of diseases, genetics of model organisms, cancer research and clinical genetics," said William F. Marzluff, MD, executive associate dean for research at the School of Medicine. "The money will establish the genomic core technologies we need on campus and a chromosome imaging facility for detecting alterations in cancer as well as abnormalities in genetic diseases."



Terry R. Magnuson, MD

Of 105 U.S. medical schools competing for the Hughes grants, UNC was among 41 winners. Awards ranged from $1.6 million to $4 million.

According to Hughes officials, the successful proposals emphasized collaborations between researchers in basic sciences, clinical research and bioinformatics, a field that marries computer science with molecular biology to analyze the massive data being generated by the U.S. Human Genome Project. The project by the U.S. Department of Energy and the National Institutes of Health will identify more than 100,000 genes in human DNA, determine the sequences of the three-billion chemical base pairs that make up human DNA and store this information in databases.

"We're going to build a major genomics program here at UNC," Marzluff said. "Ten

ds new UNC program

new School of Medicine faculty will be added in this area, with a focus on the genetics of complex diseases. In addition, the School of Medicine and the College of Arts and Sciences will recruit at least five new faculty in bioinformatics."

A portion of the Hughes grant will be used to recruit four junior faculty working in mammalian genetics by offering start-up packages for equipping their laboratories and providing support for technical personnel and supplies.

Magnuson already has signed on several of the nation's top assistant professors to UNC. They include David Threadgill from Vanderbilt University, Fernando de Villena of Temple University and the Fels Institute for Cancer Research, and Stanford's Charles Perou, a young leader in cancer genetics and micro-array analysis of multiple genes. Perou's recruitment was done jointly with the UNC Lineberger Comprehensive Cancer Center.

"In looking at genetics and genomics at UNC-Chapel Hill, I see an incredibly strong medical genetics effort spread across obstetrics and gynecology, pediatrics and medicine," Magnuson said. "The cystic fibrosis center is entering into a national consortium to look for modifiers of CF. Molecular diagnostics is important within the clinical departments, and the Lineberger Comprehensive Cancer Center has begun an important research program in this area, as well. There's genetic epidemiology, biostatistical genetics and nutrition in the School of Public Health, all of which are important to the success of a genomics program."

According to Magnuson, the ongoing public and commercial genome projects are generating an unprecedented amount of information leading to a comprehensive catalog of all known human genes.

"And from this we're seeing emerging technologies, new data on gene sequencing and this is leading to greater exploration of gene function," he said. "More than learning the function of individual genes, what is really important here is looking at the function of genes collectively, as interacting networks of genes within the entire genome — this means complex genetics and complex disorders. And that's where the genome project is allowing us to go."

Given the inevitable explosion of genetic and genomic information at the molecular, organismal and population levels, the entire biomedical research enterprise is undergoing a paradigm shift away from hypothesis-driven research, Magnuson said.

"Now, having these vast amounts of catalogued information, we have discovery-driven research; that is, we're analyzing this information," he explained. "And this will lead back to better hypothesis-driven research. After analyzing gene sequences, you can predict functional relationships based on sequence and then test these functional relationships. This is leading to incredible information on genetic variances associated with disease predisposition and the prediction of therapeutic responses to drugs, [the field of] pharmacogenetics."

In Magnuson's vision, a genomics center contains key components in addition to the science.

"We must deal not only with the science and scientific discoveries but with healthcare issues, the business enterprise, including technology development and transfer, bioethics, and the legal and social impacts of genomics discoveries on public policy," he said.

"I envision biomedical engineering as another key component to bring us further into imaging technology, microfabrication of sensors, molecular diagnostics, and array technology," he added. "And then there are the educational and training programs at all levels — undergraduate, graduate, medical, social, business. I think a genomics center at UNC must encompass all these different components."

Why the genetics initiative at Chapel Hill now? Houpt summed it up succinctly.

"Unless you have an excellent program in genetics, you'll be incapable of aspiring to be a leading medical school or a leading university in this country," he said. "This is one dance you can't sit out." □

Commemorative plaque honoring W. Reece Berryhill, MD, to be unveiled Oct. 10

A commemorative plaque honoring the contributions of former School of Medicine Dean W. Reece Berryhill, MD, will be unveiled Oct. 10.

The plaque presentation will take place as part of the 16th annual Norma Berryhill Distinguished Lectureship.

The plaque, contributed by grateful alumni, contains comments made by University President Francis P. Venable (1956-1934) during his University Day address in Chapel Hill on Oct. 12, 1900. Venable's comments were published in the Charlotte Daily Observer two days later on Oct. 14, 1900, the same day Berryhill was born in a Mecklenburg County community.

For both men, visionaries of their times, the sentiments would reflect the principles upon which they based their administrations. The text of the plaque is as follows:

"The University of a State, when it truly fulfills its duty, should be its chief strength and glory, a light for the people, the fountain-head of their higher life, the source of their uplifting and upbuilding, the bulwark of their liberties. It moulds the leaders of the people. Streams of influence flow from it to gladden the whole land....Great movements for the bettering of the condition of the people...spring from it.

"The founders of this State in their sturdy independence and far-seeing wisdom recognized the importance of such an institution, and so, while the struggle for freedom was still upon them, provided for the establishment of this University — the chief safeguard of their children against the loss of those liberties for which they fought. And should some one come and offer to endow this institution with many millions and remove it from the control of the State, it would be a sale of their birth-right of those children, a betrayal of the trust of the fathers. The citizens of this State cannot afford to have this University narrowed down to the political platform of any one party, to the creed of a single sect, to the economic belief of any individual philanthropist. Parties, churches, philanthropists, all can center their efforts here and unite in the making of a great people, a grand Commonwealth, but the people must control. The truest democracy in this State is found right here — a wise tolerance for all shades of opinion and belief."

The plaque, which depicts the images of both Berryhill and Venable, will be mounted in Berryhill Hall.

Continued from page 3

fessional authority, McLendon added. Berryhill put his stern countenance to good use.

"He was an imposing and intimidating person, and it was the most dreaded thing to get called to his office," McLendon said. "One time a student got called to his office, and Dr. Berryhill made him sit there while he finished up some task. Finally, Dr. Berryhill said, 'Do you like medical school?' and the student replied with great trepidation, 'Yes sir, I do.' He said, 'Well, that's good because you're in the top 10 percent of your class. Keep up the good work.'"

When Berryhill stepped down as dean in 1964, he was named Sarah Graham Kenan professor of medicine and became director of the Division of Education and Research in Community Medical Care. During the five years he served in that position, he broadened the University's teaching base by arranging hospital affiliations throughout North Carolina. Out of these cooperative arrangements — which provided full-time faculty for the associated hospitals — grew the N.C. Area Health Education Centers program.

Today, some 28 years after it was created, AHEC continues to help meet the primary health care needs of the state by improving the supply, distribution and quality of health care professionals. Students who attend UNC's medical or pharmacy schools are required to complete nearly half of their clinical rotations at AHEC sites.

For his work laying the foundation for the AHEC program, Berryhill was named a master of the American College of Physicians in 1977 — the highest level an individual can attain within the organization.

When he wasn't at the School of Medicine, Berryhill loved working in his yard, planting flowers, trees and shrubs, and tending to the family's large vegetable garden. He rarely went to his office in the summertime without taking along some flowers or vegetables for co-workers, students or patients.

An avid reader and classical music connoisseur, Berryhill loved sports and could rattle off baseball statistics dating back to the 1920s. It was an interest fueled when Berryhill served as director of the student infirmary and his task involved caring for the university's athletes.

For someone uncomfortable with public praise and accolades, Berryhill had to endure much of both during his career. He received the O. Max Gardner Award and the Governor's Distinguished Citizens Award in 1964, and in 1971, former students and house officers in his home county, Mecklenburg, honored him by creating the W. Reece Berryhill Mecklenburg Medical Scholarship.

In 1973, the School of Medicine honored him by naming one of its buildings Berryhill Hall. The basic sciences building for health affairs students cost slightly more than the General Assembly's original 1947 appropriation for the hospital and medical school.

Berryhill retired from the faculty in 1971. He died at the age of 78 on Jan. 1, 1979, the year that marked the centennial anniversary of medical education at Chapel Hill. He is buried at his beloved campus in the Old Chapel Hill Cemetery.

One former colleague summarized Berryhill and his career as follows: "Dr. Berryhill's inherent Scotch-Irish modesty and reticence would never permit him to admit his towering contribution to this medical center...but so broadly have Dr. Berryhill's talents ranged and so inextricably is his life interwoven with the fortune of this school that one cannot mention one without thinking of the other." □

Contributions of Norma Berryhill honored in distinguished lecture series

While her husband, W. Reece Berryhill, MD, was busy building a degree-conferring medical school and affiliated teaching hospital, Norma Connell Berryhill was busy building a community.

Indeed, "her hospitality helped convince those young, hot-shot medical faculty that this would be a good place to teach and do research and raise their families," one colleague said.

Mrs. Berryhill's contributions to the School of Medicine and UNC Hospitals were so instrumental to their growth that a distinguished lecture series was named in her honor. The Norma Berryhill Distinguished Lectureship takes place each fall and features an accomplished School of Medicine faculty member.

Raised on a farm in Warren County, the oldest girl among 10 children, Mrs. Berryhill met her future husband in 1921 when she was a student at Peace College. After transferring to Carolina and receiving her bachelor's degree in 1925, she moved to New York City and studied for a master's degree in sociology while working in a settlement house for immigrant women. She married Berryhill in 1930 after returning to North Carolina to serve as dean of girls at Charlotte's Central High School.

When Berryhill became dean of the School of Medicine, it had just 48 faculty members and a two-year curriculum that forced students to complete their medical education elsewhere. When Berryhill stepped down 23 years later, the School of Medicine had 433 faculty members, was awarding medical degrees and operated a highly respected academic medical center.

Norma C. Berryhill

South Carolina Collection, University of North Carolina at Chapel Hill

Persuading physicians to come to Chapel Hill in the 1940s and early 1950s was a challenge. There was only one hotel in town — the Carolina Inn — and few restaurants, so the hospitality Mrs. Berryhill extended was crucial to recruiting new faculty and helping them feel welcome and connected after they arrived. She frequently hosted dinners and teas for faculty members and their wives, and it became a common sight to see her taking faculty families casseroles or desserts.

"Chapel Hill was just a little southern village — it wasn't the town it was today," Mrs. Berryhill said. "Making new people feel welcome was just something neighbors did."

Kenneth Brinkhous, MD, who first visited the Berryhill home in 1946, recalled the Berryhills' famous hospitality.

"The school was very small back then and there was a feeling of warmth and closeness," he said. "Mrs. Berryhill lent grace and dignity and was always sensitive to the needs of faculty and students. Her home was always open, and that atmosphere of graciousness was so important in helping recruit the faculty needed to expand to a four-year school."

Mrs. Berryhill also was instrumental in organizing the University Woman's Club and creating the N.C. Memorial Hospital Auxiliary. Now called the Volunteer Association, the organization recruits volunteers who donate more than 52,000 hours of their time to UNC Hospitals annually.

Colleagues say the late dean fully appreciated the value of his wife's contributions, once remarking, "she did more than anybody."

This year's Norma Berryhill Distinguished Lectureship takes place at 5 p.m. Tueday, Oct. 10, in Gerrard Hall and features George Sheldon, MD, Zack D. Owens distinguished professor of surgery and chairman of the Department of Surgery. Sheldon is the chair-elect of the Association of American Medical Colleges. He is one of less than 20 surgeons in the last 100 years to serve as president of all major surgical organizations, including the American College of Surgeons, the American Surgical Association, the American Association for the Surgery of Trauma and the American Board of Surgery. The author of more than 300 articles and book chapters, Sheldon has held editorial board appointments at several national peer-reviewed medical journals. □

Faculty Notes

Alice S. Ammerman, DrPH, RD, associate professor of nutrition, is the recipient of the Bernard G. Greenberg Alumni Endowment Award. The award is given annually to an outstanding full-time faculty member of the School of Public Health for excellence in the areas of public health research, service and teaching. Continuous demonstrated excellence in service to the broader public health community over a number of years is a major criterion of the award.

Ammerman

Paul F. Dunn, MSN, FNP, CDE, clinical assistant professor of family medicine, has been elected chair of the "Patterns of Care" Taskforce for the NC State Diabetes Advisory Council — a council appointed by the governor. The taskforce has representation from diabetes providers throughout North Carolina directed toward helping primary caregivers in their delivery of diabetes care.

David Fenstermacher, PhD, research assistant professor of pharmacology, acting director of the Center for BioInformatics and director of scientific computing for the School of Medicine, has recently been awarded a $50,000 grant from the Smallwood Foundation. The grant will be used to establish both undergraduate and graduate student assistantships in bioinformatics, and also to develop a bioinformatics seminar series.

Adam O. Goldstein, MD, assistant professor of family medicine, was recently presented with a certificate of appreciation, signed by N.C. Gov. James Hunt, in recognition of dedication and outstanding service to North Carolina in his efforts working with teen tobacco use.

Robert E. Gwyther, MD, MBA, professor of family medicine, was elected vice president of the N.C. Academy of Family Physicians. Gwyther recently traveled to Moscow, Russia with a group from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), where he participated in teaching techniques of alcoholism intervention to Russian physicians.

Timothy J. Ives, PharmD, MPH, clinical associate professor of family medicine, has been selected as a fellow by the 2000 U.S. Public Health Service Primary Care Policy Fellowship program.

Rebecca J. Laudicina, PhD, assistant professor of clinical laboratory science, has established the Hemochromatosis Education and Screening Project with a $200,000 grant from the Kate B. Reynolds Charitable Trust. The planned two-year project will include an educational program offered through the NC Area Health Education Centers, and the screening of low-income people in 14 western North Carolina counties for this common genetic disorder.

Warren P. Newton, MD, MPH, associate professor and William B. Aycock Distinguished Chair of family medicine, has been appointed to the board of directors of the NC Academy of Family Physicians.

David W. Ollila, MD, assistant professor of surgery, has accepted the position of director of the Multidisciplinary Sentinel Node Program at UNC. Ollila completed an NIH-funded surgical oncology fellowship at the John Wayne Cancer Institute, Santa Monica, Calif., in 1997 and stayed for an additional year as the assistant director of surgical oncology. At the John Wayne Cancer Institute, Ollila trained with the pioneers of sentinel lymphadenectomy in melanoma (Donald L. Morton, MD) and breast cancer (Armando E. Giuliano, MD). Since arriving at UNC, Ollila has helped to complete an institutional breast cancer sentinel node validation trial, which documents UNC's high accuracy rate with the technique. Ollila is a member of the American College of Surgeons Oncology Group Breast Section, which currently has two national sentinel node protocols.

Ollila

Ollila was also recently selected by UNC medical students for membership in Alpha Omega Alpha (AOA), the only national student honor medical society in the world. The society's chapters annually offer membership to a faculty member who has distinguished themselves in their professional career.

Catherine N. Otto, PhD, MBA, assistant professor of clinical laboratory science, has been appointed to the National Committee on Clinical Laboratory Standards' Subcommittee on Total Error for Laboratory Methods.

George F. Sheldon, MD, Zack D. Owens distinguished professor and chair of surgery, has been awarded the University of Kansas Medical Alumni Association's 2000 Distinguished Alumnus Award in recognition of his outstanding contributions to society and to the profession of medicine. The purpose of this prestigious award is to provide a role model and a source of motivation for current and future medical students. The award is presented to an individual who is a graduate of the University of Kansas School of Medicine, and who has made noteworthy contributions to the theory and practice of medicine and to the health of all people through patient care, research and teaching skills. Sheldon received his MD from the University of Kansas School of Medicine in 1961.

Benjamin M.W. Tsui, PhD, professor and director of research in biomedical engineering, has been appointed vice-chair of the department.

Alumni Association Honors Five

The School of Medicine and the Medical Alumni Association presented five Distinguished Service Awards and the Distinguished Faculty Award at its annual awards banquet held May 5.

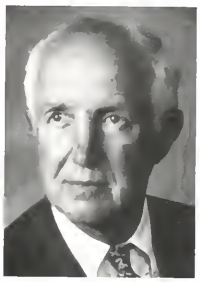
This year's Distinguished Service Award recipients were: Walter R. Davis of Midland, Texas; Otis N. Fisher, MD, of Greensboro; James D. Hundley, MD, of Wilmington; and William L. London, MD, of Durham. The Distinguished Faculty Award went to Harold Roberts, MD, of Chapel Hill.

• A native of Pasquotank County, Davis is perhaps best known for his role in spearheading the creation of the university's $23-million central Academic Affairs library that bears his name. The Texas businessman not only worked to persuade the N.C. General Assembly to fund the library with the sale of university-owned utilities, he also personally supplied the 10-acre facility with books. Other university beneficiaries of Davis' generosity include the Educational Foundation, UNC Press, the School of Social Work and last year's Hurricane Floyd relief efforts. Davis has served 11 years on the UNC Board of Governors and 15 years on the UNC-CH Board of Trustees.

Davis

In the medical school, the department of ophthalmology has made dramatic improvements in doctors' ability to track and treat diabetic eye disease, thanks to considerable funding from Davis. His grants have sent faculty members overseas through the Doctors Without Borders and Physicians for Peace programs. Davis also put in countless hours explaining to state legislators the fundamental need for the UNC Health Care, which greatly enhanced the School of Medicine and UNC Hospitals' business flexibility and allowed it to compete more fairly in today's rapidly changing health-care marketplace.

• Fisher is known throughout the state as an expert radiologist who steadfastly advocated for updated and expanded radiology facilities at what is now Moses Cone Health System in Greensboro. Fisher — who earned his bachelor's and medical degrees at Carolina — has demonstrated his loyalty to his alma mater time and time again through School of Medicine fund-raising efforts and willingness to work with Area Health Education Center students.



Fisher

Fisher has served in various capacities at local and state levels as a member of the boards of directors for the N.C. Chapter of the American College of Radiology, the Medical Board of the Moses Cone Hospital, the N.C. Medical Peer Review Foundation and the Southeastern Angiography Society — serving also as past president in the latter two organizations. He is a member of the Guilford County Medical Society and has served as president and board member for the Greensboro Academy of Medicine, as well as serving on the boards of the Greensboro Heart Association and the Crippled Children's Society of Greensboro.

• Hundley twice has been included in "The Best Doctors in America: Southeast Region." Having completed his undergraduate and medical education, research fellowship and residency at Carolina, Hundley has been an active member of the medical school's Alumni Association. Association president in 1998-99, Alumni Council member since 1990 and National Loyalty Fund Committee member since 1994, he also served on the search committee that selected the department of orthopedics' first chairman and worked diligently to establish the chair's distinguished professorship.

Hundley

Hundley has been staff physician for the Rotary Orthopaedic/Regional Crippled Children's Clinic for nearly three decades, the past nine years as medical director. For more than 20 years, he also served as athletic team physician for UNC-Wilmington and was given the athletic department's William J. Brooks Distinguished Service Award. In 1998, he was recognized with the establishment of the James D. Hundley Outstanding Student Trainer Award. A past president of the North Carolina Orthopaedic Association, he serves on the Governor's Osteoporosis Prevention Task Force and the National Board for Certification of Orthopaedic Physicians Assistants.

• A pediatrician and pediatric hematologist for nearly 40 years, London is a 1951 Phi Beta Kappa graduate of UNC. After attending medical school at UNC and completing training at Children's Medical Center in Boston, London returned to practice in the Durham office established by his uncle. Throughout his practice, London has served as a role model faculty member for medical students, residents and staff at UNC Hospitals, the School of Medicine, Duke University

Medical Center, Durham Regional Hospital and the former Watts Hospital.

An active member of the American Board of Pediatrics since 1979, London served on the board of directors for six years and was secretary-treasurer for another year. He has served as the long-time president of the N.C. Pediatric Society, and held numerous leadership positions in the state chapter of the American Academy of Pediatrics. London was chapter chairman from 1969 to 1974, and under his guidance, the two state organizations — once fragmented in their efforts — worked collaboratively to champion programs for children.

London

• For some 40 years following his days as an undergraduate, medical student, senior resident and fellow at Carolina, Roberts has served on the school of medical faculty as an internationally recognized specialist in hematology and coagulation. His curriculum vitae includes memberships on committees and councils at the National Institutes of Health, the National Heart, Lung and Blood Institute and the National Hemophilia Foundation. At Carolina, he served as chief of the Division of Hematology, director of the Center for Thrombosis and Hemostasis, director of the Clinical Coagulation Laboratory and director of the Comprehensive Hemophilia Diagnostic and Treatment Center, the latter of which now bears his name.

Roberts

In recognition of his work in the field of coagulation, Roberts was granted the Distinguished Career Award for Contributions to Hemostasis by the International Society on Thrombosis and Hemostasis, where he served for 12 years as executive director. He also was awarded the society's highest honor, the Robert P. Grant Medal, for his research into the genetic basis of hemophilia. His talent as a teacher has been recognized by students who awarded him the Medical Basic Sciences Teaching Award.

The Distinguished Service Award was established in 1955 to honor alumni and friends whose careers and unselfish contributions to society have added luster and prestige to the University and its School of Medicine. The Distinguished Faculty Award, first given in 1978, recognizes a full-time UNC faculty member for excellence in teaching, contributions to medicine in the state, leadership in continuing education of practicing physicians and accomplishments in improving communications between faculty, alumni and people of the state.

A Snapshot of

Spring Medical Alumni Weekend

May 5-6, 2000

Walter Davis, seated, shares a moment with Dean Jeffrey L. Houpt, MD.

Classmates, friends and faculty reminisce at the DSA Banquet at the Carolina Club.

Sharing memories during a look back.

The Class of '55 presents its largest-ever Loyalty Fund gift of $150,000.

Fall Medical Alumni Weekend

October 20-21, 2000

UNC Fall Medical Alumni Weekend Schedule

FRIDAY
OCTOBER 20, 2000

9:30 a.m. – 2:30 p.m.	CME: Preventive Medicine: Screening and Early Management of Major Medical Diseases *The George Watts Hill Alumni Center, Chapel Hill*
9:30 – 10 a.m.	Registration and Continental Breakfast
10 – 10:05 a.m.	Welcome and Introductions. James R. Harper, MD, Associate Dean for Medical Alumni Affairs
10:05 – 11:15 a.m.	The Revolution in Diabetes and its Management: Implications for Screening. John B. Buse, MD, Director Diabetes Care Center and Associate Professor of Medicine, Division of Endocrinology
11:15 – 11:30 a.m.	Break
11:30 a.m. – 12:30 p.m.	Prostatic Malignancy: Decision Marking Based on PSA Values. James L. Mohler, MD, Associate Professor of Surgery and Pathology & Laboratory Medicine, Member of UNC Lineberger Comprehensive Cancer Center & Director, Urologic Oncology
12:30 – 1:30 p.m.	Lunch
1:30 – 2:30 p.m.	Screening and Treatment of GI Malignancies. David F. Ransohoff, MD, Professor of Medicine, Division of Digestive Diseases
3 – 4 p.m.	Special Presentation: "Walter Reece Berryhill, MD, and the Expanded Medical School at Chapel Hill." William W. McLendon, MD '56 *George Watts Hill Alumni Center, Chapel Hill* Social and Banquet, George Watts Hill Alumni Center. Recognition of new Loyalty Fund Associates, student scholarship recipients and Endowment Fund grant recipients.
6:30 – 7:15 p.m.	Social – *Alumni Hall I, II, III*
7:15 – 9 p.m.	Dinner – *Alumni Hall I, II, III*

SATURDAY,
OCTOBER 21, 2000

(The schedule below is based on a "best guess" game kickoff time of 12:30 p.m. Kickoff is subject to change until 10 days prior to the date. Call 919-962-8891 the week prior to the game to confirm kickoff and morning event schedule. Those who pre-register by the deadline will be contacted with any appropriate information.)

8:30 a.m. – 12 p.m.	Registration and Ticket Pick Up, 1st Floor Berryhill Hall, UNC Campus
9 a.m.	Council Meeting, 103 Berryhill Hall
9 a.m.	Reunion Campaign Steering Committees Meeting, 103 Berryhill Hall Classes of '46, '51, '56, '61, '66, '71, '76, '81, '86, '91
11 a.m. – 12:15 p.m.	Pig Picking, outside Berryhill Hall in the Student Commons Area
***12:30 p.m.**	UNC vs. Clemson, Kenan Stadium

*4 TICKETS MAXIMUM, FIRST COME, FIRST SERVE. Additional tickets may become available closer to the game date. Contact the Medical Alumni Office at 919-962-8891.

ACCOMMODATIONS: Alumni are responsible for making hotel arrangements. Blocks of rooms have been reserved at: **1) The Sheraton Chapel Hill**/ (formerly the Omni) - 919-968-4900 (9/22/00 cutoff), $149+. ID = UNC Medical Alumni. **2) LaQuinta Inn & Suites** (1.8 mi north of I40/15-501 exit) – 919-401-9660 (9/20/00 cutoff, Group #45165), $72+, $99+. ID = UNC Medical Alumni. A list of additional hotels in the Research Triangle can be provided upon request.

(Print and Fax to the Medical Alumni Office)

FALL MEDICAL ALUMNI WEEKEND REGISTRATION
Deadline: October 3, 2000

Name _____ Class Year _____

Address _____

_____

Telephone _____

Name(s) of Guest(s) _____

*Social Security (CME only – optional) _____

Friday, October 20th:
CME Program #_____ @ $65.00 = $_____
Berryhill Presentation #_____ (no charge)
Social & Banquet #_____ @ $45.00 = $_____
(pre-registration required)

Saturday, October 21st:
Council Meeting #_____
Pig Picking: Adult #_____ @ $10.00 = $_____
6-16 yo #_____ @ $ 7.00 = $_____

Football Tickets #_____ @ $26.00 = $_____
(Maximum of 4 can be ordered)
Total: $_____

Method of Payment:
Check (payable to Medical Foundation of NC) _____
Credit Card: _____VISA _____MasterCard

Signature _____
Card # _____
Expiration: _____

Return to: Medical Alumni Office, UNC-CH
C.B. # 7000, 126 MacNider Building
Chapel Hill, NC 27599-7000

Telephone: (919) 962-8891 or 1-800-862-6264 (ask to be connected). Facsimile (919) 966-1076
Email: Medical_Alumni@med.unc.edu

News Briefs

UNC Hospitals ranked among best medical centers in the nation

Eleven medical specialties offered at UNC Hospitals rank among the top 50 programs of their kind nationwide, according to the July 17 issue of *U.S. News and World Report*.

"*U.S. News* has recognized what we already knew — that some of the best medical experts and programs in the country are located right here at UNC Hospitals," said Eric Munson, president and chief executive officer. "That UNC Hospitals is consistently ranked alongside such premier medical institutions as Johns Hopkins and the Mayo Clinic speaks to the high caliber of our faculty and staff and the high quality of our patient care."

To be ranked, a hospital had to meet one of three standards: be a member of the Council of Teaching Hospitals; be affiliated with a medical school; or provide at least nine out of 17 prescribed technological services. These criteria winnowed the number of "rankable" medical centers in the United States from 6,247 to 1,701.

U.S. News ranked the top 50 programs in the following specialties: cancer; cardiology; digestive disease; ear, nose and throat; eyes; geriatrics; gynecology; hormonal disorders; kidney disease; neurology/neurosurgery; orthopedics; pediatrics; psychiatry; rehabilitation; respiratory; rheumatology; and urology.

UNC Hospitals' gynecology program ranked 14th nationwide. Pediatrics ranked 22nd nationally — a first-time appearance on the list.

"How exciting it is that the reputation of our pediatrics department is garnering such prestigious acclaim just months before the opening of the new N.C. Children's Hospital," said Alan Stiles, MD, chair of the Department of Pediatrics. "We have tried to establish a premier pediatrics program in North Carolina, and I think this ranking supports our belief that we are succeeding in our endeavor."

UNC Hospitals also appeared in the following other specialty rankings: cancer, 41; digestive disease, 32; ear, nose and throat, 26; geriatrics, 22; hormonal disorders, 24; kidney disease, 20; orthopedics, 37; respiratory disorders, 18; and urology, 24.

Sanford Specialty Clinic Expands Services

Just months following the opening of Sanford Specialty Clinics in Sanford, UNC Health Care has expanded its medical services. Sanford Specialty Clinic now offers endocrinology and osteoporosis care to its services that initially included pulmonary medicine and rheumatology.

Pulmonary specialist Jana Johnson, MD, and rheumatology specialists Mary Anne Dooley, MD, and Alfredo Rivadeneira, MD, provide patients medical care.

Diagnostic and treatment services are available at the clinic for asthma, lung disease, osteoporosis, rheumatoid arthritis, inflammatory arthritis and tendonitis.

The clinic, located at 212 W. Main St. in Sanford, is open from 8 a.m. to 5 p.m., Monday through Friday. Groundbreaking for a new facility is expected to take place this fall.

Spicer-Breckenridge lecture focuses on medicine and art

M. Therese Southgate, MD, Senior Contributing Editor of the Journal of the American Medical Association, *was the keynote speaker at the 2000 Spicer-Breckenridge Memorial Lecture, held May 5. Southgate presented "Some Affinities Between Medicine and the Visual Arts." Southgate selects covers and writes essays for JAMA, and she also lectures for medical societies, hospitals, museums, and community groups.*

UNC treats home health patients with the latest technology

UNC Home Health has gone high-tech, thanks to a new program called Tele-Homecare that allows home-health nurses to "visit"their patients through telephones and computers.

The technology of telemedicine isn't new. For years now, doctors have consulted each other via teleconference. And hospitals nationwide have established telemedicine sites at satellite locations, allowing doctors and patients in rural areas to "meet" with specialists in more metropolitan areas.

For UNC, though, Tele-Homecare represents the first time the technology has been used to care for patients in their own homes.

"We are only the second hospital in North Carolina to use Tele-Homecare," said Zelda Moore, a registered nurse and the program's coordinator. "East Carolina was the first, and they've primarily used it with patients who have congestive heart failure, hypertension and high-risk pregnancies. We've broken new ground by using it to care for wound patients."

Using the new technology with wound patients was a natural for the home health nurses.

"These patients require a lot of monitoring, and we can spend a lot of time visiting them," Moore said. "With telemedicine we can still monitor the patients, keep the wounds healing and use our manpower more effectively."

Another plus for telemedicine is its flexibility. If a nurse is concerned that a patient is too sick for telemedicine care, the nurse can change the plan.

"We can switch to home visits, or if we think the patient is too sick for home care, we can talk with the doctor about a clinic visit or other medical evaluation," she said. "A perfect example is the time I scheduled a Tele-Homecare visit with a patient on a new medication. I noticed on the monitor that her face was swollen, so I jumped in the car and went to her home for a more detailed assessment."

Another related application for the technology is caring for burn patients.

"Burn patients have to return so many times to clinic during their healing process," said Anita Fields, a registered nurse who is burn-care coordinator for the N.C. Jaycee Burn Center at UNC Hospitals. "Now we can use telemedicine to ease some of that burden."

Research Briefs

UNC, Duke, starting search for osteoarthritis genes

It's not difficult to find a family in which generation after generation has struggled with the same inherited disease. The challenge is finding the genetic link to understand how illnesses, such as osteoarthritis, are passed down from parents to their offspring.

An international research network composed of seven university medical institutions including UNC's Thurston Arthritis Research Center and Duke University Medical Center have just begun the largest study ever to look for that link, the genetic susceptibility to osteoarthritis.

The most common form of arthritis, osteoarthritis is a chronic condition that affects more than 21 million Americans. By analyzing DNA and health histories from many patients, researchers believe they will better understand the role that one or more genes play in the condition's development. The goal is to find new and more effective medicines. The academic research institutions are working together with the Center for Human Genetics at Duke and Glaxo Wellcome, a pharmaceutical company.

For the full story, see http://www.unc.edu/news/newsserv/research/jordan113099.htm.

UNC opens first clinical trial of vaccine treatment for advanced breast cancer

Doctors at the University of North Carolina at Chapel Hill have opened their first clinical trial of a vaccine treatment for advanced breast cancer.

After more than four years of test-tube and animal studies, researchers at the UNC Lineberger Comprehensive Cancer Center will find out if intravenous infusions of their genetically engineered protein fragments will stimulate a person's immune cells to recognize and kill breast cancer cells, causing advanced breast tumors to shrink.

"This breast-cancer vaccine is not a shot – it's a 'vaccine' because it should work by enhancing the patient's own immune response against their tumor," said Lineberger member Jonathan Serody, MD, associate professor of medicine and microbiology and immunology.

"This is the first use of a vaccine directed against a modification of a specific part of the HER-2/neu protein found on breast-cancer cells. People have tried using engineered proteins in the treatment of melanoma, but not for breast cancer."

Study: too much sugar, not enough milk may damage U.S. teens' health

Between 1965 and 1996, a considerable shift occurred in the diets of U.S. teenagers that could compromise the future health of the nation's people, a major new University of North Carolina at Chapel Hill study shows. On the horizon, researchers say, are more strokes, heart disease, high blood pressure and cases of the bone-weakening condition known as osteoporosis.

Total milk consumption dropped by close to 50 percent among adolescents over the three decades studied, they found. That decrease was accompanied by a heavy increase in consumption of sugar-laden soft drinks and fruit-flavored beverages. Teens also began eating more of their vegetables in the form of fatty fried potatoes than their parents did.

"An increase in high-fat potato consumption through French fries and hash browns led to an increase in vegetable intake, but the number of servings of fruits and vegetables is still below the recommended five per day," said Barry Popkin, PhD, professor of nutrition at the schools of public health and medicine and one of the report's authors. "Iron, folate and calcium intakes continue to be below recommendations for girls."

A report on the findings appears in the July issue of *Archives of Disease in Childhood*, a professional journal.

http://www.unc.edu/news/newsserv/research/popkin8072400.htm

Study seems to show why French suffer less heart disease, cancer

University of North Carolina at Chapel Hill scientists have discovered why a compound found in grapes and grape products such as red wine shows natural cancer-fighting properties that might be important in preventing or treating the illness.

The work appears to explain the so-called "French paradox" — the fact that French people experience lower rates of heart disease death and certain cancers despite drinking more wine on average than U.S. residents do.

Scientists found that the substance, trans-Resveratrol, or Res, modulates the activity of NF-kappa B, a protein that attaches to DNA inside cell nuclei and turns genes on and off like a switch, the scientists found. Res apparently helps turn off a natural protective mechanism in the body involving the protein that prevents cancer cells from being killed, as they should be.

A report on the work appears in the July issue of *Cancer Research*, a scientific journal. Authors are Minnie Holmes-McNary, PhD, a nutritional biologist and postdoctoral fellow at the UNC's Lineberger Comprehensive Cancer Center, and her mentor Albert S. Baldwin Jr., PhD, a biology professor who also works at the center.

http://www.unc.edu/news/newsserv/research/baldwin5063000.htm

New national study shows infection, fat embolism important contributors to sickle cell disease deaths

Unusual infections and lumps of fat called emboli that clog arteries in the lungs appear to be under-appreciated causes of acute chest syndrome in sickle cell disease patients. The syndrome, which is a group of debilitating symptoms, is the leading cause of death among sickle cell patients, according to a major new study.

Earlier diagnosis and more aggressive treatment of those symptoms might save many victims of the illness, which is the most common inherited disorder among black people in the United States, researchers say.

Improved treatment may include earlier use of oxygen, more effective antibiotics, incentive spirometry and chest physical therapy in patients who develop the chest syndrome, they say. When appropriate, earlier use of blood transfusion and mechanical ventilation also should be considered.

A report on the 30-medical center study appeared in the June 22 issue of the *New England Journal of Medicine*. Listed among its authors was Eugene P. Orringer, MD, UNC professor of medicine.

http://www.unc.edu/news/newsserv/research/orringst062100.htm

Paul Viser Assumes MAA Presidency

By Katherine Kopp

Paul Viser, MD, recently installed as president of the UNC School of Medicine's Alumni Association, is a man with a sense of mission.

"I've got two very simple goals for myself as president," said Viser in a recent interview. "One is increasing membership in the alumni association. The second is increasing the support, both financial and in other arenas, that alumni contribute to the medical school."

Viser, a native of Ahoskie and the son of a UNC class of '50, has found satisfaction following in his father's footsteps. He graduated from UNC in 1980 with a bachelors of science degree in biology, and credits the Biology Department with supplying him with more than just an undergraduate degree. "I met my wife, Diane, in my biology class," he says with a laugh. "And for that reason alone, it was probably the best class I ever took at Carolina!"

After receiving his MD from the UNC School of Medicine in 1984, Viser completed an internship and residency in internal medicine in Little Rock, Ark. Viser went on to spend two years in Whitesburg, Ky., fulfilling a National Health Service Corps commitment. "Whitesburg is in the coal mining region of Kentucky," explains Viser, "and there is a lot of poverty there. Working there was difficult in many ways, but it was also a very worthwhile experience."

After a brief sojourn in Winston-Salem, Viser, his wife Diane and their three children now enjoy quintessential small-town life in Clinton. "When it was time to leave Kentucky back in 1989, I looked at four different practice opportunities," says Viser. "I narrowed it down to two, one in Winston-Salem and one in Clinton, and we chose Winston-Salem. But after about six months, it became clear to me that I really missed small-town life. Even though I was the fourth person in a great group of doctors in Winston-Salem, I just didn't feel it was the right fit for me."

Viser realizes that the life that suits him so well is not for every physician. But he also believes that there are many benefits — both personal and professional — to being a small-town doc.

Paul Viser and son Aaron prepare dinner for the rest of the family which includes Ellen, 11, and Mark, 8.

"I know that some people think being a doctor in a small town is like being stuck out in the boondocks," he acknowledges, "and I do miss the camaraderie I had as part of a group. Doctors who live in smaller towns and rural areas can sometimes get out of touch, if they don't keep up with reading journals and CME opportunities. But I've found that, even though I'm a solo practitioner, I share call with five other doctors and handle an active hospital practice. It's a situation that's good for all of us."

Viser shares office space with another physician right next to Sampson Regional Medical Center, a land-grant hospital built after World War II and, according to Viser, one of the few independent hospitals left in the state. Though he lives in a town of only 8,000 or so residents, Viser and the five other physicians he shares call with draw from a county population of 45,000 and beyond.

"Clinton is in the center of Sampson County," Viser explains, "and I-40 goes right through the county. By land area, we're the largest county in the state."

Viser feels he has the best of all worlds — an independent solo practice, complemented by shared coverage and some shared expenses with other physicians, continuing education opportunities through UNC and other institutions that allow him to keep current with new advances, and life in a small-town where he is known and knows others. He is active in the community, doing everything from coaching softball to teaching Sunday school to volunteering on behalf of the Sampson Crisis Center, which provides food, clothing and shelter to those in need.

He really enjoys the bonds that he has developed with his fellow citizens in Clinton. "I thrive on the relationships that have developed," he says. "These relationships, with patients and with those in the wider community, develop slowly, over a period of time. You just can't rush them."

Viser stays busy, seeing about 15 to 20 patients a day — "within the norms for internists," he says — rounding at two nursing homes and making occasional house calls. "My dad used to carry a big doctor's bag on his house calls," Viser remembers. "He carried everything you could think of; it was big enough for a camping trip!"

"If a patient is terminally ill or just got out of the hospital," he says, "it's nice for me to go to them and see how they're doing. That's often hard to do in a practice in a larger town," says Viser.

An avid and lifelong learner, Viser is constantly reading journals, discussing cases with other physicians, and attending conferences to improve his base of knowledge.

As president of the Alumni Association, Viser plans to stay on his toes for the rest of his term. "I hope to encourage more people to attend our medical alumni weekends," he says. "They're a great opportunity for continuing education, and an even better opportunity just to see one another and catch up."

He also hopes to increase the level of financial participation by graduates of the medical school. And Viser, who is not afraid to put his money where his mouth is, has given regularly to the UNC School of Medicine. "I spent eight very important years of my life in Chapel Hill," says Viser. "I owe my living to that, and I'd like to do what I can to encourage a feeling of loyalty and gratitude toward the Medical School among my fellow alumni." □

Match Day

Congratulations to the Class of 2000 School of Medicine graduates. Nearly half of the graduates entered a primary care residency program earlier this summer. Check the list below for the names of residents coming to your program. Then, call them with a welcome to your city or town.

Visit the School of Medicine Web site at *www.med.unc.edu/sa/match/history* for more information on this and previous matches. Those listed below and on the Web consented for their names to appear in public documents.

Alabama		
William Tracy Durham	Internal Medicine	Univ. Alabama Hospital, Birmingham
California		
Carolyn Celi	Pediatrics	Childrens Hospital, Oakland
Karen Marie Dixon	Emergency Medicine	Alameda County Medical Center, Oakland
Susan Hunter Gibbs	Internal Medicine	UC San Francisco, San Francisco
Harvey James Hamrick, Jr.	Medicine	UC San Francisco, San Francisco
David Laurence Issacs	Radiology-Diagnostic (Adv.)	UC San Diego Med. Ctr., San Diego
Catherine Tung-Ling Lee	Transitional*	Santa Clara Valley Medical Ctr., San Jose
Kimberly Susan Levin	Emergency Medicine	Stanford University Programs, Stanford
Madelena Michele Martin	Pediatrics	Loma Linda Univ. Med. Ctr., Loma Linda
Louise Dysart Metz	Internal Medicine	UC San Francisco, San Francisco
Zackary S Moore	Pediatrics	Stanford University Programs, Stanford
Nimesh Bhupendra Shah	Psychiatry	Loma Linda Univ. Med. Ctr, Loma Linda
Elizabeth A Steele	Anesthesiology (Adv.)	Stanford University Programs, Stanford
Colorado		
Allison Dorbandt	Pediatrics	Colorado School of Medicine, Denver
District of Columbia		
Katina Geiger Barnes	Pediatrics	NCC-Walter Reed Army Medical Center
Romulo Ernesto Colndres, Jr.	Pediatrics	Childrens National Medical Center
Nerissa Marge Price	Psychiatry	Georgetown University Medical Center
Florida		
Oluwatoyin Olarele Ajose	Pediatrics	Jackson Memorial Hospital, Miami
Melvin Standford Farland, Jr.	Family Practice	Florida Hospital, Orlando
Sonja Trojak France	Pediatrics	Univ. Florida/Shands Hospital, Gainesville
Samer Taj-Eldin	Internal Medicine	Univ. Florida/Shands Hospital, Gainesville
Johann Vincent Torres	Medicine-Pediatrics	Jackson Memorial Hospital, Miami
Georgia		
Sung Kyu Chang	Medicine-Primary	Emory University, Atlanta
Illinois		
Zane Kevin Basrawala	Urology	Loyola Univ. Medical Ctr., Maywood
Lisa Rahangdale	Obstetrics/Gynecology	McGaw Medical Ctr. Northwestern, Chicago
Taylor Hamer Stroud	Radiology-Diag.	University of Chicago Hospital
Indiana		
Donald Lee McLamb, Jr.	Emergency Medicine	Indiana Univ., Indianapolis
Michael Patrick Murphy	Emergency Medicine	Indiana Univ., Indianapolis

*preliminary placement

Kentucky		
Andrew Craig McGregor	Urology (Adv.)	Univ. of Ky. Medical Center, Lexington
Maine		
Kimberly Lyn Hartnett	General Surgery	Maine Medical Center, Portland
Maryland		
Janine Elizabeth Bullard	Pediatrics	Johns Hopkins Hospital, Baltimore
William Aycock Mills, Jr.	Pediatrics	Johns Hopkins Hospital, Baltimore
Patrick O'Connell	Medicine-Primary	Johns Hopkins Bayview Med. Ctr., Baltimore
Michigan		
Leslie Renee Ellis	Internal Medicine	Univ. Michigan Hospitals, Ann Arbor
Mark Eric Hutchin	Surgery*	Univ. Michigan Hospitals, Ann Arbor
Mark Eric Hutchin	Otolaryngology (Adv.)	Univ. Michigan Hospitals, Ann Arbor
Minnesota		
Jeffrey Schiller Mueller	Radiology-Diag. (Adv.)	Univ. Minn. Medical School, Minneapolis
James Elliot Rider	Internal Medicine	Univ. Minn. Medical School, Minneapolis
Leonide Gerard Toussaint III	Neurological Surg. (Adv.)	Mayo Graduate School of Medicine, Rochester
Massachusetts		
Bryan Courtney Batch	Internal Medicine	Boston Univ. Medical Center
Sandra Charlotte Farkouh	Pediatrics-Primary	Boston Combined Peds Res. Program, Boston
David Laurence Issacs	Medicine*	Mt.Auburn Hospital, Cambridge
Stephen Andrew Oljeski	Radiology-Diag. (Adv.)	New England Med. Ctr., Boston
Aneesh Kumar Singla	Anesthesiology (Adv.)	Mass. General Hospital, Boston
Peter Anton Zeman	Urology	Boston Univ. School of Medicine
New York		
Michael LaJaun Cody	Anesthesiology (Adv.)	St. Vincents Hospital, New York
Kendreia Wynette Dickens-Williams	Obstetrics/Gynecology	Metropolitan Hospital Center, New York
Albert Hamilton Holt, Jr.	Psychiatry	New York University Medical Ctr.
Jennifer Ellen Larson	Internal Medicine	Univ. Rochester/Strong Memorial, Rochester
Stephen William North	Family Practice	Univ. Rochester/Strong Memorial, Rochester
Patrice Lanette Reives	Psychiatry	Long Island Jewish Med. Ctr., New Hyde Park
Elizabeth Cate Roede	Obstetrics/Gynecology	New York Presbyterian Hospital, New York
William Douglas Schell	Orthopedic Surgery	St. Lukes-Roosevelt Hospital Center, New York
North Carolina		
James Robert Alexander	Medicine*	Carolinas Medical Center, Charlotte
James Robert Alexander	Phy. Med/Rehab (Adv.)	Carolinas Medical Center, Charlotte
Albert Muir Leonard Anderson	Medicine-Primary	Duke Univ. Medical Ctr., Durham
Frederique Claude Marie Bailliard	Pediatrics	UNC Hospitals, Chapel Hill
Anne Wood Beaven	Internal Medicine	UNC Hospitals, Chapel Hill
Jeffrey E. Brown	Internal Medicine	Moses Cone Memorial Hospital, Greensboro
Donna Michelle Capps	Family Practice	Mountain AHEC, Asheville
Abigail Suzanne Caudle	General Surgery	UNC Hospitals, Chapel Hill
Chanhthevy Sourisak Chai	Family Practice	UNC Hospitals, Chapel Hill
Kimberley Renette Clemons	Anesthesiology	UNC Hospitals, Chapel Hill
Kelli Gail Coop	Internal Medicine	Carolinas Medical Center, Charlotte
Patricia Ashley Coppage	Pediatrics	Carolinas Medical Center, Charlotte
David Rodolph Dixon	Family Practice	Wake Forest Univ. Baptist Med. Ctr., Winston-Salem
Brian William Downs	Otolaryngology (Adv.)	UNC Hospitals, Chapel Hill
Brian William Downs	Surgery*	UNC Hospitals, Chapel Hill
Cescili Aurelia Drake	Obstetrics/Gynecology	Duke Univ. Medical Ctr., Durham
Myriam Ruth Farkouh	Pediatrics	UNC Hospitals, Chapel Hill
William Mortimer Fowlkes IV	Emergency Medicine	Univ. Hlth System East Carolina, Greenville
Carolyn Lorraine Hess	Family Practice	Carolinas Medical Center, Charlotte
Shawn Brooke Hocker	Orthopedic Surgery	Duke Univ. Medical Ctr., Durham
Carolina Markey Hoke	Obstetrics/Gynecology	UNC Hospitals, Chapel Hill
Terrence Edward Holt	Internal Medicine	UNC Hospitals, Chapel Hill
Jennifer Ann Hooker	Orthopedic Surgery/Research	UNC Hospitals, Chapel Hill
Tracy Powell Jackson	General Surgery	UNC Hospitals, Chapel Hill
Skyler Elizabeth Kalady	Pediatrics	UNC Hospitals, Chapel Hill
Sosena Kebede	Internal Medicine	New Hanover Regional Med. Ctr., Wilmington
Dennis John Kubinski	Urology (Adv.)	Wake Forest Univ. Baptist Med. Ctr., Winston-Salem
Kevin Michael Lee	Internal Medicine	UNC Hospitals, Chapel Hill
Bartholomew Joseph Lopina	Family Practice	Wake Forest Univ. Baptist Med. Ctr., Winston-Salem
Keeba AnnMarie LynShue	Pediatrics	Carolinas Medical Center, Charlotte

Alycia Moore McFarland	Psychiatry	UNC Hospitals, Chapel Hill
Christopher Brent Mizelle	Dermatology (Adv.)	UNC Hospitals, Chapel Hill
Christopher Brent Mizelle	Medicine*	Moses Cone Memorial Hospital, Greensboro
Joseph Albert Molitierno, Jr.	Surgery*	UNC Hospitals, Chapel Hill
Joseph Albert Molitierno, Jr.	Urology (Adv.)	UNC Hospitals, Chapel Hill
Jaquelin Marie Nash	Dermatology (Adv.)	UNC Hospitals, Chapel Hill
Jaquelin Marie Nash	Medicine*	UNC Hospitals, Chapel Hill
Wendy Gail Owen	Medicine-Primary	Duke Univ. Medical Ctr., Durham
Heather N. Roberston White	Obstetrics/Gynecology	Carolinas Medical Center, Charlotte
Kimberly Michelle Rouse	Family Practice	New Hanover Reg. Med. Ctr., Wilmington
Vincent Cyril Schooler	Internal Medicine	Wake Forest Univ. Baptist Med. Ctr., Winston-Salem
Karen B Stitzenberg	General Surgery	UNC Hospitals, Chapel Hill
Melanie Lynn Tew	Psychiatry	UNC Hospitals, Chapel Hill
Amy Jacqueline Trivette	Psychiatry	UNC Hospitals, Chapel Hill
John W. Watts	Family Practice	Mountain AHEC, Asheville
Jonathan Bradley Woods	Medicine-Primary	Wake Forest Univ. Baptist Med. Ctr., Winston-Salem
Matthew Donald Young	Urology (Adv.)	Duke Univ. Medical Ctr., Durham

Pennsylvania

Megan Hayes Bair-Merritt	Pediatrics	Childrens Hospital of Philadelphia
LaToya A. Brown	Anesthesiology (Adv.)	Hospital of the Univ. of Pa., Philadelphia
LaToya A. Brown	Transitional*	Frankford Hospital, Philadelphia
Timothy Ward Dancy	Family Practice	UPMC Shadyside, Pittsburgh
David P. Fitzgerald	Internal Medicine	Hospital of the Univ. of Pa., Philadelphia
Elizabeth Leonard Fitzgerald	Pediatrics	Childrens Hospital of Philadelphia
Corey D. Fogleman	Family Practice	Lancaster General Hospital, Lancaster
Melinda Diane Fritz	Pediatrics	Univ. Health Center of Pittsburgh
Seth Christopher Collings Hawkins	Emergency Medicine	Univ. Health Center of Pittsburgh
Jeffrey Schiller Meuller	Transitional*	Univ. Health Center of Pittsburgh
Deepa Perumallu	Internal Medicine	Hospital of the Univ. of Pa., Philadelphia
Douglas David Rockacy	Emergency Medicine	Univ. Health Center of Pittsburgh
Amish Chandrakant Sura	Internal Medicine	Univ. Health Center of Pittsburgh

South Carolina

Troy Augustus Bunting	Internal Medicine	Medical Univ. of SC, Charleston
Barnaby Todd Dedmond	Orthopedic Surgery	Palmetto Richland Mem. Hospital, Columbia
Zane Ian Lapinskes	Family Practice	Self Memorial Hospital, Greenwood

Tennessee

Michael Thomas Capps	Medicine-Pediatrics	Vanderbilt Univ. Medical Ctr., Nashville
Seth Morris Cohen	Otolaryngology (Adv.)	Vanderbilt Univ. Medical Ctr., Nashville
Peter Howard McHugh	Medicine-Pediatrics	Univ. Tennessee COM, Memphis

Texas

Janet Elizabeth Harris	Obstetrics/Gynecology	Univ. Texas Med. School, Houston
Dawn Denise Johnson	Pediatrics	Univ. Texas Southwestern Med. School, Dallas
Jason Neil Katz	Emergency Medicine	Univ. Texas Southwestern Med. School, Dallas
Susan Lee Marcelli	Obstetrics/Gynecology	Baylor College of Medicine, Houston
Tanya Pauline Tiamfook	Family Practice	Univ. Texas Med. Branch, Galveston

Virginia

Robert Stuart Byrum	Internal Medicine	University of Virginia, Charlottesville
Chris D Fennell	Anesthesiology	University of Virginia, Charlottesville
Eric Ivars Francke	Orthopedic Surg.-6th Year	University of Virginia, Charlottesville
Tracey Louise Huckabee	Family Practice	Chippenham Medical Center, Richmond
Mokhtar O. Morgan	Family Practice	Riverside Regional Med. Ctr., Newport News
Scott David Nash	Medicine-Pediatrics	Medical College of Virginia, Richmond
Michael Karim Newman	Plastic Surgery*	Medical College of Virginia, Richmond
Stephen Andrew Oljeski	Transitional*	Carilion Health System, Roanoke
Jonathan R Saluta	Orthopedic Surgery	Medical College of Virginia, Richmond
Yalaunda Michelle Thomas	Surgery*	University of Virginia, Charlottesville
James Eric Turner	Internal Medicine	University of Virginia, Charlottesville
Ryan Carl Wanamaker	Medicine-Primary	University of Virginia, Charlottesville

Washington

Neil C. Vining	Orthopedic Surgery	Madigan Army Medical Center, Tacoma

Alumni Notes

50s

William S. Joyner, MD '50, recently moved to the newly opened Croasdaile Methodist Retirement Community in Durham, and writes that he and wife Jane are doing their best to keep the UNC flag flying in the shadows of the Duke campus.

Dan A. Martin, MD '50, is still engaged in his work as director of Trover Clinic Foundation Education Division and as medical director of the Hopkins County (Kentucky) Health Department. Martin can be reached at kymartins@vei.net.

John L. McCain, MD '50, is the medical director of three nursing homes, in addition to his practice in rheumatology and geriatrics. McCain writes that he is enjoying his practice a great deal — he went solo in '92, moved into a new office in '98, and became a certified medical director in '98. McCain and wife Betty live in Wilson, NC.

Lloyd C. McCaskill, MD '55, joined his cousin, Norman McCaskill, along with their wives and families last April in the dedication of the UNC-CH McCaskill Soccer Center by the UNC Athletic Department and the Educational Foundation. McCaskill's family of UNC graduates includes Norman McCaskill, '33; Lloyd C. McCaskill, '51 and '55; L. Curtis McCaskill, Jr. '78; Donna Jordan McCaskill, '78; T. Gray McCaskill, '79; Kimberly Davis McCaskill, '80; Janell McCaskill Hannah, '83; Roger D. Hannah, '79; and future graduate James Curtis McCaskill, Lloyd's grandson, a sophomore.

60s

Gerald (Jerry) Fernald, MD '60, remains active in resident recruiting for the department of pediatrics and the F.W. Denny Society at UNC.

Frank McCain, MD '60, has two partners now after 35 years of solo allergy practice. McCain works 4 days each week and says that he is enjoying his work more than ever, because having the partners affords him more time with his patients and less stress.

G. Thomas Strickland, MD '60, says he has no plans to retire anytime soon — he still enjoys teaching medical and graduate students, house officers and health care providers in practice. Strickland has research projects ongoing in Maryland, Brazil, the Philippines and Egypt. He and wife Anne live in Baltimore, and can be reached at tstrickland@som.umaryland.edu.

Robert L. Grubb, Jr., MD '65, is heavily involved in both clinical neurosurgery at Washington University in St. Louis and in research using PET scanning to patients with severe head injuries. Grubb's wife, Julia, is vice-president of the Friends of St. Louis Children's Hospital and serves on the board of directors of Epworth Children's Home in St. Louis. His son, Robert III, is a fourth-year urology resident at Barnes-Jewish Hospital, and daughter Mary Connell is a first-year law student.

Robert Kindley, MD '65, retired from the Air Force in 1996, after 22 years. Kindley is now in private allergy practice in the Destin-Ft. Walton Beach area of Florida. He and wife Lynn can be reached at rkindley@aol.com.

William F. Sayers, MD '65, retired in January of this year. He and wife Betty are looking forward to spending more time at Bald Head Island, NC, and traveling. They can be reached at wsayers@triadrr.com.

F. Walton Avery, MD '67, retired from pathology practice in July '99, and recently returned from a vacation in Israel — a trip that he says is a must for everyone.

70s

Stephen L. Green, MD '70, has started a charity called Sedona LTD, dedicated to bringing AIDS care to the Caribbean and Central America.

John E. Hanna, MD '70, retired from office urology practice in Louisburg, NC in 1998 and moved to Sarasota, Fla. Hanna writes that he is doing real estate and property management in a hot market, and doing better than ever in medicine, with a lot less stress.

Bruce Berlow, MD '75, moved to Mystic, Conn., two years ago after practicing in Santa Barbara, Ca. for 18 years. He and wife Lee can be reached at bberlow@pol.net.

Frank Moretz, MD '75, is currently the secretary treasurer for the N.C. Society of Anesthesiologists. Moretz is slated to be president of the NCSQA in 2002.

Ed Morris, MD '75, received a PhD in philosophy in 1998, and is currently teaching philosophy part-time. Morris enjoys running, and has completed six marathons, including two Boston Marathons.

Cynthia D. Conrad, MD '78, has a new position with Connecticut Valley Hospital (the state's long-term psychiatric hospital) as Chief of Professional Services.

She has spent the past 13 years associated with the Institute of Living in Hartford.

80s

Lawrence Wyner, MD '83, is a renal transplant surgeon at Charleston Area Medical Center in West Virginia. He and his wife, Louida, announce the birth of their second child, Tessa Anneliese, who was born Nov. 30, 1999. Their son, Joshua Ross, celebrated his third birthday in July.

Sebastian R. Alston, MD '85, is currently an associate professor of pathology at Mercer University School of Medicine in Macon, Ga. Alston says he is having a lot of fun at Mercer, and he currently serves as secretary of the Group for Research in Pathology Education (GRIPE), the pathology education association.

Leslie A. Bunce, MD '85, reports that after nine years in academic hematology/vascular medicine at the University of Rochester and two and a half years in pharmaceutical medicine in Research Triangle Park, NC, she recently began an open-ended hiatus to enjoy time at home with her two sons, Michael, 6, and James, 4.

Elizabeth Engelhardt Mandell, MD '85, her husband, Jim, and children Michael, 6, and Kaitlyn, 3, recently moved to the Minneapolis/St. Paul area in order to be closer to Jim's job as a pilot for Northwest Airlines. Mandell is currently interviewing for jobs and plans to continue her practice in occupational medicine.

Terrence (Sonny) Morton, MD '85, is currently practicing community hospital emergency medicine, and expects to complete a dual MBA / MHA degree program next spring.

Claudia Thomas, MD '85, is currently active with a group of pediatricians from her hospital who volunteer their services to children in El Salvador. Thomas says she finds the work very rewarding, and recommends physician volunteerism to anyone suffering from "physician burnout."

Marilyn Russell, PhD '86, is an adjunct professor of biology at Gonzaga University, in Spokane, Wash. Russell says she enjoys raising her granddaughter, Angela, renovating her farmhouse and 15-acre farm, and raising organic vegetables in her greenhouse year-round.

Michael Duggan, MD '88, and his wife, Laura, recently celebrated the birth of their second son, Luis Raphael. Their son Max Perez is 6 years old. Duggan is a pathologist with Pathology Medical Services in Lincoln, Neb.

Philip Thwing, MD '88, is proud to announce his engagement to LeAnne Keicher. The two were to be married in July. His email address is: PhilThwing@Greene.xtn.net.

90s

Todd Cowdery, MD '90, lives and works in the San Juan Islands of Washington State on an island called Orcas. Cowdery serves the community as a family physician. He reports that Orcas is roughly the size of Manhattan, but with only 1/1000th the population. A critical difference, he notes, to he and his two partners who provide the island's only 24/7 medical care. Cowdery relies on the constant companionship of his dog, Jericho, whom he calls a dog with a remarkable travel tale. Cowdery can be reached at: tcowdery@rockisland.com.

John (Trey) Entwistle, MD '90, received a PhD from Medical College of Virginia in 1998. He is currently in a cardiothoracic surgery fellowship at Hahnemann University Hospital in Pennsylvania.

Gary M. Myles, PhD '90, graduated from law school at the University of Washington in June '99. Myles is now an associate patent attorney at Seed Intellectual Property Law Group PLLC, a chemical/biotechnology practice in Seattle.

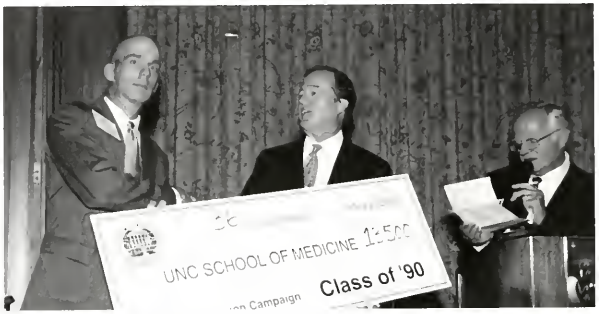
Todd Griffith, MD '97, has begun a nephrology fellowship at Duke University Medical Center. Griffith, his wife, Andie, and their two children are excited to be returning to the Triangle. They can be reached at:todd.griffith@alumni.duke.edu.

Deaths

Jerry F. Krugh, MS, PT '84

Development Notes

Loyalty Fund Campaign



Reunion and regional committee chairs presented more than $822,000 in Loyalty Fund donations at the Spring Medical Alumni Banquet in Chapel Hill. Final campaign totals for the year ending June 30, 2000 are listed below.

Class/Region	Number of Volunteers	Percent Participation	Total Cash & Pledges
Class of 1945	3	16/24 (67%)	$ 6,800
Class of 1950	11	32/39 (82%)	$ 20,000
Class of 1955*	23	44/48 (92%)	$ 150,500
Class of 1960	24	35/60 (59%)	$ 40,000
Class of 1965	12	24/54 (44%)	$ 14,000
Class of 1970	12	31/69 (45%)	$ 30,000
Class of 1975	22	34/100 (34%)	$ 168,500
Class of 1980	10	50/153 (33%)	$ 19,000
Class of 1985	15	37/143 (26%)	$ 24,000
Class of 1990	24	45/125 (36%)	$ 13,500
Class of 2000**	20	116/130 (89%) *(as of May 19)*	$ 25,525
Atlanta***	10	43/108 (40%)	$ 14,000
Buncombe*** *Asheville*	12	29/67 (43%)	$ 16,500
Durham/Orange	18	124/343 (36%)	$ 63,500
Forsyth *Winston-Salem*	21	51/100 (51%)	$ 33,000
Guilford *Greensboro*	28	103/174 (59%)	$ 49,500
Mecklenburg *Charlotte*	25	86/217 (40%)	$ 60,000
New Hanover *Wilmington*	14	41/70 (59%)	$ 35,200
Wake *Raleigh*	25	106/276 (38%)	$ 39,300

**represents highest level of alumni participation by class.*
***Fourth-Year Campaign reached all-time high with 89% participation.*
****Cash only, not including pledges*

Hatcher Golf Tournament scheduled

The 2000 Mike Hatcher Memorial Golf Tournament kicks off with registration at 11:30 a.m. on Monday, Oct. 9, at Prestonwood Golf and Country Club in Cary.

The shotgun start will be at 1 p.m. Cost is $150 per golfer, which includes a charitable contribution of $65.

The tournament raises money for cystic fibrosis research at UNC. Since the event started four years ago, it has raised more than $200,000. Last year, there were approximately 300 entrants.

To enter, contact Greg Hatcher, tournament director, at (919) 469-3868 or 310-9758 (pager) or email ghatcher@ix.netcom.com.

Or, contact Jim Miller at The Medical Foundation of North Carolina, Inc. at (919) 966-1201 or email jim_miller@unc.edu.

Honor Roll of Donors Correction

The Winter 1999/2000 issue of the *Bulletin* included the Medical Foundation's annual "Report to Donors," which features an Honor Roll of Donors who made contributions to the Loyalty Fund during the preceding fiscal year. Unfortunately, not all names were included in the Loyalty Fund List. Our apologies to those donors whose names appear below:

- J. Allen Whitaker, M.D. '31
  Rocky Mount, NC
- Jack B. Hobson, M.D. '57
  Charlotte, NC
- Robert S. Cline, M.D. '57
  Sanford, NC
- Robert J. Cowan, M.D. '63
  Winston-Salem, NC

President's Letter

As I drove to Chapel Hill in May to participate in the graduation ceremony for the School of Medicine's Class of 2000, I was already excited about my being invited to participate.

Just 16 years beyond my own graduation in that same Memorial Hall, the memories of it all remained vivid. The event marked one of the final academic milestones, with the presence of family and close friends adding due weight to the occasion. It was at once a celebration and a good-bye to classmates before scattering hither and yon. With an idea of what lay ahead for this year's class, I shared the electricity of the eager graduates. As Dean Smith said in his often-imitated unemotional nasal twang amid the immediate aftermath of the 1982 championship, "I am happy for our seniors." (The next year, you recall, Jim Valvano demonstrated how to celebrate as he spun around the court in Brownian motion!)

Anyway, as it turned out, graduation day this time around was notable more for the time just before the ceremony. Having received by mail my parking placard, my mind was free as I cruised into town with about 30 minutes to spare. From a radius of a mile or so, I started to see cars double-parked on the major thoroughfares. Closer to campus, centripetall-obese fathers, red-faced and soaked with sweat, were struggling uphill along the sidewalks as their perky gowned daughters set the pace. Closer still, the swarms of humanity required me to slow down to walking speed. Finally I approached the Columbia Street-Cameron Avenue intersection where the hallowed path to the Old Well was blocked. A barricade was manned by three people, including an armed police officer, but a simple wave of my parking placard got for me a smile and a welcome through.

As I inched toward Memorial Hall, gently easing my way through groups of people standing on the pavement, it was plainly apparent that I was one of the very few allowed to pass that way. Moments later, I parked within 50 feet of the auditorium where, incidentally, there were another 15 empty spaces. Without question, that was the highlight of my Tar Heel career.

Other events come to mind — getting an A in organic chemistry, being offered a seat in medical school, even getting midcourt bleacher seats in Carmichael for the Carolina-Duke game — but none of these approach the level of my special parking privilege as president of the UNC Medical Alumni Association.

For the parking space and for the eight wonderful years at Carolina, I am deeply grateful. Having received a top-level education at nominal cost, UNC deserves my lifelong loyalty and support. Since each of you shares with me this legacy of privilege, I urge you to join me in meeting our responsibility to give something back to our alma mater. Refer your patients. Connect with your fellow alumni at the various social functions and CME's. Precept a student. Become a Loyalty Fund associate. Look for ways to build up our School of Medicine as so many before us have done proudly.

Paul Viser, MD '84

Gratitude

The high prize of life, the crowning fortune of a man, is to be born with a bias to some pursuit which finds him in employment and happiness.

Ralph Waldo Emerson

CME/Alumni Calendar

September 15-17, 2000 – Kingston Plantation, Myrtle Beach, SC
N.C. Society of Anesthesiologists Fall Session

September 16, 2000 – Chapel Hill
Family Day / White Coat Ceremony

September 22-23, 2000 – Chapel Hill
UNC Wound Management Conference

September 28-30, 2000 – Chapel Hill
Ross Society Annual Meeting

October 3, 2000 – Chapel Hill
Dedication of Neuroscience Research Center

October 6-7, 2000 – Durham
UNC Children's Burn Conference

October 10, 2000 – Chapel Hill
Berryhill Lecture

October 13-14, 2000 – Greensboro
UNC-Duke Women's Cancer Conference

October 20-21, 2000 – Chapel Hill
Fall Medical Alumni Weekend

For more information about CME courses, contact the Office of Continuing Medical Education at (919) 962-2118 or toll-free through the Consultation Center at (800) 852-6264. To contact the Alumni Affairs Office, call (919) 962-6786 or email medical_alumni@med.unc.edu

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____% of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

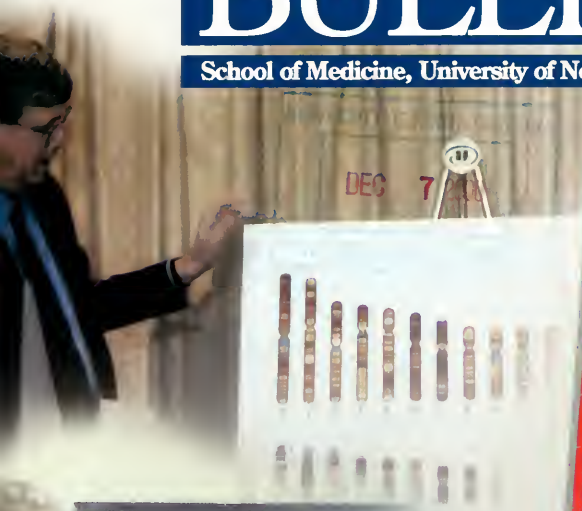
For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or jmcneer@email.unc.edu.

Nonprofit Organization
U.S. Postage
PAID
Chapel Hill, NC
Permit No. 24

Fall 2000

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



rancis Collins, MD '77

Guides Effort That Is Changing Medicine

Dean's Page

State of the School 2000

Recently, in my annual "state of the School of Medicine" presentation to faculty and staff, I described the many ways UNC is setting a new standard of excellence in teaching, research and patient care.

We are working to undergird our educational mission with three major thrusts: Focusing knowledgeable faculty leadership, developing leading-edge facilities and deploying outstanding program development. We've made tremendous strides in each of these areas, and I wanted to share that information with you, our alumni and friends.

Leadership: I have often referred to 2000 as "the year of recruiting chairs." The School of Medicine recruited eight new faculty chairs this year. Since I joined the school in 1997, we've recruited a total of 14 new chairs, four new center directors and two new center co-directors.

Many of these faculty leaders studied or trained at Carolina, and consider their return to be a homecoming of sorts. Others were attracted by the appeal of living in the Town on the Hill and by Carolina's international reputation for high-quality education and clinical care. All of them come with impressive academic credentials and proven track records of exceptional program development.

Please join me in welcoming our most recent new department chairs. They are: Vytas Bankaitis, PhD, cell biology and anatomy; Luis Diaz, MD, dermatology; Frank Longo, MD, PhD, Neurology, Terry Magnuson, PhD, genetics; Lee McLean, PhD, allied health; Travis Meredith, MD, ophthalmology; Marschall Runge, MD, PhD, medicine; and Alan Stiles, MD, pediatrics.

The *Medical Alumni Bulletin* has published profiles on some of these faculty chairs already, and will continue to introduce you to others in upcoming issues.

Facilities: Anyone who has spent time in the School of Medicine's educational or research buildings knows the amount and quality of space leaves something to be desired. But, several positive improvements are under way.

First, the Neurosciences Research Building is expected to open this spring. The eight-story, $30-million facility will house the UNC Neuroscience Center, where researchers will study issues related to the brain, including how the brain develops and how it responds to damage. The building also will provide permanent space for the neurobiology curriculum and additional space for several new faculty members in basic neuroscience.

Other occupants include the School of Medicine's animal-models center and its "mousers," researchers who study mouse genomics. Research components of the departments of ophthalmology and neurology also will move into the new facility.

Construction on the Medical Biomolecular Research Building is under way, as well. This 100,000-square-foot, $64-million facility will house 60 to 80 principal investigators, and provide two auditoriums, one seating about 500 people, the other 300.

Voter endorsement of the Nov. 7 bond referendum means the School of Medicine will receive nearly $30 million to finish the Medical Biomolecular Research Building. The bonds also will provide another $60 million to make desperately needed renovations and improvements to the Medical Science Research Building, the Burnett-Womack Building, Berryhill Hall and other facilities.

Program development: We have plans to grow our genomics, vascular biology, bioinformatics and infectious disease programs. Vascular biology will get four new faculty positions, while infectious disease has already recruited faculty for two new positions.

The Department of Genetics, under the direction of Dr. Magnuson, will receive 10 tenure-track faculty positions from the School of Medicine. Last year, the program received $2.6 million over four years from the Howard Hughes Medical Institute to help establish genomics core technologies, including a chromosome imaging facility. The HHMI money also will help recruit four junior faculty members by offering start-up packages for equipping their laboratories and providing support for technical personnel and supplies. In addition, there will be an another 16 faculty positions funded by the University in various other programs across the campus.

In bioinformatics, four new faculty positions have been allocated and I've granted "licenses to hunt" to build programs in key areas. Reflective of our effort to meld clinical expertise with bioinformatics knowledge, the School of Medicine was just awarded a contract by the Cystic Fibrosis Foundation Therapeutics, Inc., an affiliate of the Cystic Fibrosis Foundation, to create and maintain the nation's first comprehensive bioinformatics center for cystic fibrosis researchers.

Recruiting more researchers continues to be one of my priorities, and the faculty of the School of Medicine have supported me by allowing me to withhold 1 percent of all state dollars for the purpose of creating new positions. By 2001, this withhold will be worth $1.6 million — all of which will be used to partially support up to 40 new faculty positions.

The School of Medicine is an organization full of exciting new initiatives led by dedicated and motivated faculty and staff who are committed to excellence and who have great expectations for tomorrow.

Future Dean's Page columns will focus on other elements relating to the "State of the School of Medicine." *Next:* Re-shaping the curriculum and what we're doing to address other educational issues.

Jeffrey L. Houpt

Jeffrey L. Houpt, MD
Dean, School of Medicine

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

Medical Alumni Association Officers

President
Paul E. Viser, MD '84
Clinton

President-Elect
Thomas J. Koontz, MD '66
Winston-Salem

Vice President
Ray M. Hayworth, MD '62
Knoxville, Tn

Secretary
John M. Herion, MD '83
Wilmington

Treasurer
William M. Herndon, Jr., MD '81
Charlotte

Editorial Staff

John W. Stokes
Vice President, Public Affairs & Marketing

Debra Pierce
Editor

Michele Blevins, Bernadette Gillis, Catherine House, Leslie H. Lang, Katie Macdonald, Lynn Wooten
Contributing Writers

Dan Crawford (pg. 20)
Steve Exxum (pg. 3)
Jay Magnum (pg. 11, 14, 15, 18, 24)
Will Owens (pg. 2,3)
Photographers

The *Medical Alumni Bulletin* is published four times annually by the UNC-Chapel Hill Medical Alumni Association, Chapel Hill, NC 27514. Postage is paid by the non-profit association through U.S. Postal Permit No. 24. Address correspondence to the editor, Office of Medical Center Public Affairs, School of Medicine, CB#7600, University of North Carolina, Chapel Hill, NC 27514

Contents

Features

With Scientific Ingenuity and a Little Luck, UNC Physicians Help Couples Conceive Babies 2

Women's and Children's Hospitals Will Be the Newest Additions to the UNC Health Care Family 4

Alumni Profile: Alphabet Soup
UNC alum Francis Collins Serves Up the Human Genome 'Recipe' and Sets the Stage For A Mind-Boggling Medical Revolution 6

Health Affairs Bookstore Has A New Home 9

Dean's Choice 10

Family Day 2000 14

Faculty Profile: Marschall Runge, MD, Chair, Department of Medicine 18

Scholarship Established In Honor of Harold Roberts, MD 20

UNC Professor Endows National Prize In Neuroscience 21

2000-2001 Loyalty Fund Scholars 26

Loyalty Fund Campaign 28

Report to Donors 29

Departments

Dean's Page ..... Inside Front Cover

News Briefs 12

Faculty Notes 16

Research Notes 22

Development Notes 24

Alumni Notes 25

President's Letter ..... Inside Back Cover

CME/Alumni Calendar ..... Back Cover

On the Cover: After 10 long years of preparation Francis Collins, MD '77 and the research staff at the National Human Genome Research Institute along with scientists working together at laboratories around the world cracked the human body's genetic code, an astounding feat that promises to change medicine forever. Photos from the June 2000 news conference held at the White House are courtesy of the National Institutes of Health.

With Scientific Inger
UNC Physicians Help

By Catherine House

Late one night, Stan Beyler, MD arrived at the airport after a business trip and boarded a shuttle to his car. It wasn't crowded, so Beyler noticed that a muscular man dressed in leather and seated at the back of the bus was staring at him. It made Beyler uneasy.

Suddenly the man in leather blurted out, "Hey! You're the man who got my wife pregnant."

Anticipating trouble, the other passengers braced themselves against their seats, but Beyler calmly replied, "Oh sure, I remember you. How are you doing?"

Beyler with his children Paul and Becky, wife Marybeth and cat Milo

As it happens, Beyler was only doing his job. As a scientist at UNC Hospitals Assisted Reproductive Technologies (ART) program, Beyler works with fertility specialists to help couples conceive.

Despite the vast number of unintended pregnancies each year in the United States — about three million, according to the Alan Guttmacher Institute — getting pregnant can sometimes be extraordinarily difficult. As many as 10 million American couples are infertile, and some spend years trying to conceive, often without success.

In vitro fertilization (IVF) — commonly known as "test tube" pregnancy — has helped many couples achieve their dream of having a child. Since 1978, there have been more than 300,000 successful IVFs worldwide. At UNC Hospitals, about 125 couples undergo IVF each year. About 40 percent become pregnant and some 30 percent end up with a live birth.

While that rate may seem low, Beyler, clinical assistant professor of obstetrics and gynecology and director of the clinical andrology and embryology laboratory, explained that it is similar to "natural" conception rates. Even with no fertility problems and no contraceptive use, only one in three reproductive cycles result in successful pregnancy.

Also, Beyler explained, IVF is only successful when both parties have functioning gametes — that is, eggs or sperm. If a woman's egg quality is poor, then an egg donor is a possible alternative. Older women, for example, may be able to carry a child, but their eggs might be "worn out." A woman is born with all the eggs she will ever have — about two million — but by the time she reaches puberty, there may be only about 400,000 left. By the time she turns 40, there may be very few good quality eggs left.

If a man isn't able to produce sperm, then the only option is to use donor sperm. But even if a man has a low count, Beyler said, pregnancy is possible. Sometimes the sperm just needs a little help reaching its destination.

Even when a man has a normal sperm count, less than 1 percent of the sperm present in the ejaculate actually make it into the woman's uterus, and fewer still make it to fertilization site in the fallopian tube. In this case, Beyler can use a procedure called interuterine insemination in which the man's sperm is taken directly from his testicles and injected into the woman's uterus when she's ovulating. But that doesn't guarantee fertilization.

Michael G. O'Rand, MD, professor of cell biology and anatomy and one of the founders of UNC's IVF program, studies sperm-egg interaction. To understand the process, consider the design of a human egg. Each egg has a shell around it, called a zona pellucida, that protects the egg, provides a secure place for the embryo to grow and keeps extra sperm from getting in. First, the sperm has to penetrate the shell, and then it has to fuse with the egg.

In each of these steps, certain proteins in the sperm are involved.

"If a man is infertile, one or more of those proteins may be missing or nonfunctional," O'Rand said. "We're trying to understand the basic biology of each of those steps — figure out which proteins are needed for which step."

While this work eventually may help researchers restore function to defective sperm by adding new proteins, O'Rand said "micromanipulation" techniques — recent procedures designed to facilitate the fertilization process — often bypass the protein problem. But if doctors someday could tell whether sperm is defective beforehand, they'd know which techniques would work, saving time and expense.

Beyler said that when he started performing IVF in 1987, it was just a matter of finding the eggs in fluids sent to his lab and putting them into culture. Then the right number of washed sperm were added, and he would let nature take its course. But since those "early

ity and a Little Luck, Couples Conceive Babies

Laura & Clay Holloway with daughters Lauren and Emily

days," a number of techniques have evolved to help infertile couples.

The first technique used was partial-zonal drilling, which involves opening up little holes around the egg. The idea is that by opening up the shell a little bit, weaker sperm can get in to fertilize the egg. Subzonal insertion went a step further: A few sperm are physically placed in the layer between the egg membrane and the shell, in hopes that one will penetrate the egg. This procedure doesn't always work, though, because the sperm often just end up swimming around in the fluid between the shell and the membrane.

Finally, there's intracytoplasmic sperm injection (ICSI), in which the sperm is injected directly into the inside of the egg. Beyler said it's important to avoid damaging the egg nucleus with this procedure.

"There are a few tricks involved to make it work well," he said. "I first kill the sperm physically by breaking its neck with the injection pipet, draw up its tail and then quickly enter the egg cytoplasm. After that, I suck back some egg cytoplasm to make sure I'm through the membrane and to allow the sperm to mix with the egg cytoplasm. I then inject the sperm and cytoplasm mixture back into the egg."

To help improve IVF success, Beyler and his colleagues began seeing patients in cycles rather than continuously. That way, he says, they can work with several patients at one time, perform IVF for them, step back and analyze the results.

For instance, they're trying to make the cultures in test tubes more like fluid in the fallopian tube at mid-cycle. For IVF, embryologists used to use a nonspecific culture medium — the same kind used for experiments such as growing cancer cells.

"But there were a lot of extraneous nutrients that weren't vital to fertilization and might even be detrimental to early growth," Beyler said.

During the middle of a woman's cycle, for example, there isn't much glucose or phosphate found in the fallopian tubes, but both of these nutrients were in the original media. Beyler found that eliminating some of the glucose and phosphate appeared to improve pregnancy rates.

"It's a lot of trial and error," Beyler said. "Sometimes it's a matter of prescribing different combinations of hormone medications or trying a new piece of equipment."

A few years ago, there was an unusually high rate (about 30 percent) of multiple pregnancies. Techniques had improved for stimulating egg growth, for getting more eggs to fertilize and for better culture conditions. To compensate, Beyler and his colleagues tried waiting three to five days instead of two days to transfer embryos to the woman's uterus. This way, doctors can pick out the strongest ones and transfer fewer. Beyler said multiple-pregnancy rates have come down to 20 percent, most of which are twin pregnancies.

Another helpful technique is cryopreservation — freezing eggs, sperm, or embryos – which allows more chances at fertilization with frozen sperm, or the transfer of thawed embryos to the uterus. From one sperm biopsy, for instance, Beyler can separate the sperm into small quantities and freeze the portions he doesn't use.

"I only need a few thousand sperm to work with," Beyler said, "and typically even a small count has a few hundred thousand around."

In one case, Beyler combined IVF and cryopreservation. A cancer patient decided to have some of his sperm frozen before undergoing cancer treatment since chemotherapy tends to reduce sperm count. For 19 years, his sperm were kept in UNC's sperm bank. About a year ago, the patient and his wife decided they wanted to have children. Beyler thawed the patient's sperm and performed ICSI to fertilize his wife's eggs. While she didn't conceive on the first attempt, the lab still has plenty of sperm.

"The sperm seemed to be fine," Beyler said. "We think the problem might have been a female factor, so if we can figure out how to get better eggs from the woman, then we can try again." □

(This article appears in the Fall 2000 issue of Endeavors *magazine and is reprinted with permission.)*

Lessey, wife Barbara and dog Spot

Women's and Children
Newest Additions to the

Construction of the new N.C. Women's and Children's hospitals has been hampered by numerous factors, including:

- A deluge of rain in 1998 that caused a 40-day delay;
- Changes made to the original design as well as changes required by the builder, and
- Unexpected glitches, such as the required removal of more rock from beneath the construction site than was first predicted.

As soon as construction is complete, work begins on the renovation and expansion of the lobby in the main hospitals building. That reconfiguration will connect an improved lobby and expanded outpatient pharmacy area with a two-story, glass concourse running the breadth of the entire medical center complex — allowing patients, visitors and staff to easily move from one building to another.

To learn more about the new hospitals and to see artist's renderings of patient rooms, lobby and nurses station as well as construction photos, visit *www.unchealthcare.org*

Facts about the N.C. Children's Hospital

- The all-private patient rooms are designed to feel as much like "home" as possible. They feature private bath rooms with tubs and showers; laminated walls so children can display artwork, get-well cards and photographs; and convertible sofas to accommodate relatives spending the night.

- UNC offers the state's only accredited Hospital School for children in K-12 with teachers and a full-time principal to help children keep up with their classroom studies during their hospital stays.

- Pediatric care at UNC was ranked 22nd nationally by *U.S. News & World Report* magazine in its annual "Best Hospitals" ranking.

- The N.C. Children's Hospital will offer "one stop health care" for children and their families; all pediatric clinics will be housed under the same roof, and feature kid-specific and kid-friendly operating and procedure rooms.

- The hospital will offer interactive entertainment for children. One will be an atrium with a rubber-foam floor designed to look and feel like an outdoor park complete with flowing "brook" and a bridge to cross it. Teen-age patients will enjoy their own private lounge stocked with music and video games. (It is so "cool" that parents must be accompanied by their teens to access it.) The lobby will feature a dazzling, two-storied continuous motion sculpture.

- Annually, more than 72,000 children from all 100 North Carolina counties come to N.C. Children's Hospital for inpatient and outpatient treatment. UNC offers a full range of pediatric specialty and subspecialty care, including comprehensive intensive care, a Level-I Trauma Center and a state-of-the-art burn center. UNC is one of just two hospitals in the Southeast to perform living-related liver transplants.

- Nationally and internationally renowned experts in the fields of cystic fibrosis, oncology, hemophilia, sickle-cell disease, infectious disease, genetics, neonatology, child abuse, endocrinology, bronchoscopy and congenital heart disease work at UNC Hospitals. Our faculty consult with community doctors throughout the state 24 hours a day.

- The Newborn Critical Care Center cares for more than 750 babies a year from all over the Southeast. About one-third of the babies are transported here by pediatric-trained specialists with the UNC Air and Ground Transport Service.

Facts about the N.C. Women's Hospital

- The N.C. Women's Hospital was designed to offer patients and their families as much comfort and privacy possible. All patient rooms are private and feature a conversation area, private bath with tub and shower, and a convertible sofa to accommodate relatives spending the night.

- The new facility is conveniently located and offers a comprehensive, integrated approach to women's health. Women from throughout North Carolina will receive care in the areas of obstetrics and gynecology, cardiology, geriatrics, cancer, nutrition, alternative medicine, and behavioral and mental health.

- Housing all clinics under one roof enhances the accessibility of care and offers a warm, inviting atmosphere to patients and their loved ones

- A Women's Resource Center is planned for the lobby. It will include an interactive library with literature and journals; a nurse educator to talk with women and help them find useful health information; and expanded patient education programs and seminars currently offered through the Women's Wellness Network.

s Hospitals Will Be the JNC Health Care Family

The N.C. Children's Hospital and the N.C. Women's Hospital. Dedication events are planned for Sept. 8, 2001.

- The Triangle's only hospital-based, nurse-midwifery program operates from N.C. Women's Hospital. Maternity care for all patients — including labor, delivery, recovery and postpartum care — will be delivered in one room. There also will be plenty of space for baby to stay with mom. Rooms located in the maternity wing also include rocking chairs.

- The N.C. Women's Hospital will be capped with a solarium complete with fountain and skylight to offer a pleasant, warm and nurturing environment to patients and their families.

- Board-certified, nationally renowned physicians offer care in the areas of maternal-fetal medicine, urogynecology, infertility, peri- and post- menopause, cancer, radiology/mammography and anesthesiology.

- Six operating rooms dedicated to women's and children's medical care will be located on the second floor.

- An outpatient pharmacy, chapel, and cafeteria are located in the new facility.

(See related story on page 13)

Alphabet Soup

UNC alum Francis Collins serves up the human genome 'recipe' and sets the stage for a mind-boggling medical revolution

By Lynn Wooten

Last June, Francis S. Collins, MD, PhD, stood in the Blue Room of the White House, looked around and found himself in the company of ambassadors, senators and other government heavyweights. Soon, even the president of the United States would be joining him. After 10 long years of preparation and work, this was, at last, the big day — the announcement to the world that Collins, his research staff at the National Human Genome Research Institute, and scientists working together at laboratories around the world had cracked the human body's genetic code, an astounding feat that promises to change medicine forever.

Yet in a few moments, Collins, with President Clinton at his side, would enter the East Room, step up to a podium, and in front of a roomful of reporters mask an internal conflict of devastating irony. Just four days earlier, his sister-in law had died of one of the most dreaded and common diseases to strike women. Having spent the previous day at her funeral and comforting his grieving brother, Collins was struck by the unique hand fate had dealt him.

"The juxtaposition here of an exhilarating moment in science, with such promise for the future of medicine, and the reality of how this had come much too late to help this wonderful woman, had me a bit confused," Collins said. "It was a bit jarring."

It's no wonder.

The decoding of the human genome — the molecular makeup of a human being — is hailed as the prerequisite leap toward unlocking the secrets of disease, illness, birth defects and other health issues that have long stymied researchers and physicians. In other words, knowledge that might save millions of women like his sister-in-law in the future.

As Bill Clinton entered the Blue Room and approached him, Collins temporarily shook off these family concerns.

Francis Collins, MD '77

"I thought, 'This is really going to happen. This is a pretty big deal.' Pretty soon, we are walking into the East Room while the band is playing 'Hail to the Chief.' That's an experience.

"When I was a medical student and house officer in Chapel Hill, the notion that my path would somehow lead to that kind of an event would have been completely unthinkable."

COLLINS' YEARS AT UNC almost didn't happen.

"I was on the launching pad to go to that other university called Duke when the Morehead Foundation expressed an interest in interviewing me for one of three Morehead fellowships," he remembered. "So I came to Chapel Hill with my heart in my mouth in early February of 1973 to be interviewed with five others. Christopher Fordham was the chairman of the Morehead medical fellowship interview committee. I really fell in love with the town and the university that weekend."

Within days, he was accepted.

The decision to enter UNC's School of Medicine was not his first career change. Always interested in science, the Virginia native had first gone to Yale University to obtain a doctorate in physical chemistry.

"I thought that's what I wanted to do, but I discovered there were some pretty exciting things going on in biology and genetics," although not advanced enough yet for human application. "So I went to medical school in quite a bit of confusion about where my own path would lead."

Would he focus on science and research or, as he phrased it, on "simply being a good doctor?"

Collins found his answer. A brief course in December 1973 by Henry Neil Kirkman Jr., MD, looked at the basics of human genetics. Kirkman presented a patient with sickle cell anemia and illustrated in a powerful way how a simple misspelling in the DNA code could have profound consequences for the health of that individual.

"And I was captivated," Collins said. "This brought together my interests in science and a principle-based approach to understanding problems with a direct application to human health. I knew at the end of those two weeks that was what I wanted to do — I wanted to be a physician who used the tools of genetics to try to understand disease better."

GRADUATING FROM the School of Medicine in 1977, Collins undertook his residency and a chief residency at UNC.

"I have very warm feelings for him. He was always a hard-working but joyous person to be around," said classmate David C. Henke, MD, assistant professor of medicine at UNC. "He walked around with a cup of

Collins makes remarks at June 2000 news conference held at the White House.

coffee all the time because I don't think he ever slept. And he was a stickler for getting things right, even from the teachers. If an instructor gave out what Francis knew was incorrect information, he would never let it slide."

Collins, 50, said he had special mentors at UNC. "The one that stands out most for me was the late John Parker, a consummate physician ... the kind everyone would hope to be like."

Recalling the first week he was in charge of patients during his residency, Collins said Parker, a Kenan professor of medicine, went behind him to make sure he had not "missed anything." Parker's manner, though, was not threatening; rather, it was inspiring, Collins said. "I wanted to have that same kind of breadth and thoroughness."

Collins returned to Yale for a fellowship in human genetics, where he worked on methods of crossing large stretches of DNA to identify disease genes. Joining the faculty of the University of Michigan in 1984, he continued to develop these ideas, which he called "positional cloning." The concept developed into a powerful component of modern molecular genetics, as it allows the identification of disease genes for almost any condition without knowing beforehand what the functional abnormality might be.

Using this strategy, Collins and Canadian researchers identified the gene for cystic fibrosis in 1989, followed by the discoveries of the genes for neurofibromatosis and Huntington's disease.

In 1993, Collins became director of what is now known as the National Human Genome Research Institute, the public organization that is part of the National Institutes of Health. The NHGRI was charged with the task of mapping and sequencing the human genetic code, as well as identifying and recommending solutions to ethical, legal and social issues that could result from the human genetic code. The task includes sequencing all 3.1 billion biochemical "letters" of human DNA, the coded instructions — the "recipe" — for a functioning human. Using this instruction book, scientists can begin to ferret out in a molecular way the secrets of human health and disease. With the working draft of the genome sequence completed and a finished version — which will be as complete as humans and computers can make it — expected before 2003, experts predict monumental advancements into diagnosing and treating everything from cancer to Alzheimer's disease.

"THE ACCOMPLISHMENT," Collins said, "is clearly a milestone of the highest order."

Don't think Collins is patting himself on the back, though. Eschewing even the notion that he might win the coveted Nobel Prize for his work, he seems quite uncomfortable with the praise lauded on him. He quickly credits "a long list of heroic figures in science" for their contributions. "This milestone was their work."

Others recognize Collins' imprint on the project.

"He is clearly at the top of his profession," Henke said. "He is right there in what I'm sure will be the seminal work in medicine for this century. I'm very impressed with his career and work."

But striving for the same goal was J. Craig Venter, PhD, president and chief scientific officer of Celera Genomics, a private organization running an independent genome-sequencing project. Some observers considered Celera to be the Collins group's chief rival, but while the media trumpeted a "feud" between the men and their organizations, Collins saw things differently. The perception of a nasty, rancorous race to the genomic finish line, he said, has been overstated considerably. But he conceded that such talk probably inspired his scientists and "stirred the pot."

"I think competition is almost always a good thing," Collins added.

And contrary to media reports that Clinton forced Collins and Venter to work together in jointly announcing the status of their research, "I had no pressures coming down from the White House to take a particular action," Collins said. "The media got that wrong."

Continued on page 8

Alphabet Soup

Continued from page 7

With the first draft of the genome map in place, the world now can expect a new competition, one with staggering financial stakes. Armed with the human genetic code, pharmaceutical companies already are racing to develop drugs and other therapies geared to an individual's own genetic makeup. Such personalized treatments should dramatically improve a patient's care and response.

"Every pharmaceutical company is counting on this," Collins said. "You will see a transformation in how medicine is practiced."

While new medical and scientific advancements will occur steadily, people shouldn't expect a cure for cancer or diabetes next year, he added. Although the genome's letters have been properly sequenced, scientists don't yet know what their "Book of Life" means – they can't read it yet. And many experts believe that understanding the genome's language will be a much more difficult task.

"The thing that people will notice in terms of their own medical care over the next five to seven years will be the increasing availability of DNA tests that will allow people to determine their individual risk of future illness," Collins pointed out. "In particular, knowing you are at high risk and allowing you to do something about that risk. For instance, something like colon cancer – those at high risk taking advantage of colonoscopy in order to pick out those tumors while they are small and easily removed."

And therein lies an ethical debate over genome research: Should patients be told they likely will be stricken with an illness or disease later in life, particularly if there is little medical help available at the time?

"Individuals ought to have the chance to make up their minds of whether they want that information or not," Collins said. "Nobody should force that information on people without them deciding they want to know that. I think many people will not want to know about risks for which there is no intervention available. I would say, 'No, thank you.' "

Collins with daughters Margaret, left, Elizabeth, right, and granddaughter Abby.

CONTROVERSIES AROUND the potential conflicts between religious and scientific views of humanity intrigue Collins, a self-described "serious" Christian.

"I have not found those conflicts at all," he said, suggesting that such controversies lack factual understanding about the genome and the research process. Finger pointing between the worlds of science and religion "points out to me how big an information gap really exists," he said.

But that debate may be left to others once Collins' work is finished in a couple of years. What's next for his career?

"That's a very good question, and I have absolutely no idea," he admitted. "I don't intend to retire from the federal government. I feel I have another career or two in me, but I don't know what they are yet. I'm toying with a bunch of options, but am in some confusion over which one makes sense. It will be very hard to find something to do after this that has the same remarkable intensity and impact."

Meanwhile, Collins and his wife, Diane Baker, a faculty member at the University of Michigan, continue a commuting marriage, which he called "a bit of a challenge, but we've figured out how to handle this pretty effectively."

Collins also spends time riding motorcycles and playing the guitar, including gigs with his own band. He enjoys visiting his two daughters: Elizabeth, a medical social worker in Ann Arbor, Mich., and Margaret, who recently gave Collins his first grandchild, a girl named Abby.

Margaret Collins Hill, MD, is a 1996 graduate of the UNC School of Medicine, where she also undertook her residency in internal medicine and is now a fellow in nephrology. Collins is thrilled that Margaret is in Chapel Hill and at his alma mater.

"I can't think of a better place where I'd like a child of mine to spend her time," he said. □

Health Affairs Bookstore Has A New Home

By Michele Blevins

If you haven't visited the UNC Health Affairs Bookstore recently, you may not recognize the place. The bookstore has relocated and expanded just a bit — it now occupies four floors of a brand-new five-story building.

It's quite a change from its previous location — on the first floor of the Brinkhous-Bullitt Building — where the sales floor was only 600 square feet. In its new home, the bookstore has a sales area of 7,000 square feet, more than 10 times its original size.

The new Health Affairs Bookstore.

All that additional space has enabled the bookstore to enhance the variety of features and services it offers the UNC health affairs community.

The depth of inventory on books, for example, has significantly increased. Selections now include popular book titles, computer manuals, cookbooks and children's books, all in addition to the ever-present classroom texts, study guides and medical reference titles for health affairs students.

But customers will find much more than just books when they visit the store. Computer software and supplies and a variety of medical equipment and accessories are just some of the new items the bookstore carries.

A full line of medical apparel is available for students and health professionals alike, including lab coats, nursing uniforms, scrubs and clogs.

In addition, clothing and gift items are available that represent all of the UNC health affairs schools, including the Allied Health Sciences programs. The store's selection of UNC collegiate clothing and gifts has increased as well.

And for anyone who wants to unwind with a cup of coffee or a snack, there's Café Caduceus — the store's coffee shop — located on the third floor of the building, which is actually the store's main entrance level. In addition to a seating area with laptop connections inside the café, there also are outdoor seating areas on the second and third floors of the building.

The second floor includes a conference room that can hold up to 50 people and is available for use by health affairs faculty, staff and students. Also located on the second floor is a UNC Printing Copy Center, which relocated from its former home in the MacNider Building.

The store is well-equipped to handle the rush of students buying textbooks in the first weeks of classes each semester. There are six cash registers located throughout the store to reduce students' waiting time during peak book-buying season.

Like other UNC Student Stores, the Health Affairs Bookstore is a non-profit operation that doesn't receive state funding. The store's profits go toward non-athletic scholarships for UNC students.

The Health Affairs Bookstore is located on Medical Drive, behind Carrington Hall (School of Nursing) and adjacent to Fordham Hall. Hours of operation are Mondays through Fridays from 7:30 a.m. – 6 p.m. and Saturdays from 10 a.m. – 2 p.m. □

A peek inside the first floor.

Dean's Choice

By Leslie H. Lang

How does life work? How does a four-letter alphabet spell out instructions for all species on earth? How does the union of a single egg and sperm become a baby of five trillion cells? What can the study of molecular mechanisms tell us about disease?

In a sprawling and bustling Fordham Hall laboratory, William F. Marzluff, PhD, professor of biochemistry and biophysics, the School of Medicine's executive associate dean for research, and director of the program in molecular biology and biotechnology seeks answers in this arena of big questions by focusing small, very small.

He and his graduate students and postdoctoral researchers study the regulation of gene activity; namely, the system of biochemical switches that turn genes on and off during the mammalian cell cycle and during early development in frogs and sea urchins.

Sometimes the work takes Marzluff to the edge of life's very beginnings, each experiment moving a step closer to unraveling the biochemical mystery of embryogenesis, the process by which an egg transforms into an embryo.

At the heart of this research is a unique cellular protein that Marzluff's UNC laboratory discovered and cloned in 1996. This "stem-loop binding protein," which latches onto the looped tail of histone messenger RNA, signals the synthesis of histone proteins crucial to cell functioning during embryogenesis and throughout the organism's life. In fact, about half of the nucleoprotein complex known as DNA are histone proteins.

But SLBP does more than simply hitch a ride on a loop of nucleotides. It also doggedly performs a string of important duties after it takes the mRNA into a specific region of the nucleus. It interacts with other proteins to make sure the mRNA is properly processed into its final form. And then after helping get it out to the cytoplasm, the cell's factory floor, SLBP remains bound to the mRNA, making sure that its instructions are properly translated.

From what is known about it so far, that's pretty impressive for a compact protein. Indeed, according to the latest findings, it may be the fundamental regulator of all the histone genes which are essential for chromosome replication.

In some characteristic ways, Marzluff's protein serves as metaphor for the man. Here's what David Lee, PhD, chair of biochemistry and biophysics, says about his colleague.

"I view Bill Marzluff as one of our best assets, and I know that view is shared by a number of major scientific leaders who are here largely because of Bill's recruitment efforts. No one brings more positive and creative energy, as well as sheer stubbornness, to promoting basic science at Carolina. Bill has an almost unique ability to work with biomedical scientists of every persuasion, from biologists to biophysicists, and is implicitly trusted by the entire community. I am particularly proud to have served on the search committee that recruited Bill to UNC."

Science faculty both in and out of the School of Medicine sing similar praise for Marzluff. The university is widely regarded for its interdisciplinary biomedical research, which he tirelessly nurtures and promotes.

"One great attraction to this university is the really top quality undergraduate school in close proximity to some of the best science in the world. There are not too many places that have this combination physically close to each other where they actually do interact," Marzluff observes.

And it is to this active research nucleus that Marzluff strives to shepherd new faculty. "Part of the job that appeals to me is the opportunity to recruit young faculty and help them develop. Chapel Hill is a wonderful place to recruit to because of the living conditions and the collegiality. That's one reason that we're recruiting extremely competitively."

One might be drawn to conjure an image of this UNC scientist-administrator complete with rep tie, Tar Heel megaphone and lab coat of Carolina blue. Instead, however, think khakis, tennis shirt and sneakers. That is, think grad student, vintage early 1970s. Still, for those special events and conferences, a navy blazer, proper shirt and tie hang behind office door.

Actually, the student image fits appropriately, sartorially and professionally. His is a fast-paced research field with rapidly changing technology. And, as David Lee points out, the growing emphasis on interdisciplinary approaches to human disease dictate that biomedical scientists "be fast on their feet—proficient at self-education and able to integrate information across a wide spectrum of fields."

Bill Marzluff readily admits that he has gone back to school, as it were, several times during his career.

At Harvard in the mid-1960s (BS, Chemistry, '67), his interest in biochemistry developed at a time when an undergraduate major in that field did not exist. (Marzluff's father was a research chemist for American Cyanamid.) Biology had not become very molecular. Cell biology was microscopy, including much electron microscopy. The genetic code, the secret words of DNA, remained largely unplumbed.

Marzluff earned a PhD in biochemistry at Duke, followed by postdoctoral research at Johns Hopkins where he worked on gene regulation in mammalian cells.

"In terms of making some particular RNA molecules, we were trying to basically reproduce in a test tube some of the reactions that went on in the cells. You see, you couldn't clone a gene, a piece of DNA, or grow a piece of DNA before 1975 or 1976. With the advent of cloning, you had to stop everything and re-train yourself.

"All the experiments we did before were on whole cells. Now we could take an individual isolated gene and just study that. So basically you had to stop and re-train. This meant learning all the new technologies, buying the stuff and figuring out how to make it work. So in our area the real excitement didn't come until shortly after we finished our postdocs.

"Now with completion of the Human Genome Project, we have to change the way we approach scientific problems again."

Marzluff joined the chemistry faculty at Florida State University in 1974. During 17 years in Tallahassee, he nurtured and sustained a strong undergraduate biochemistry program. He came to UNC in 1991, and

Marzluff at home in the research lab.

every year at least one student from Florida State joins UNC's graduate biochemistry program.

"One of the reasons I went into this business was the opportunity to teach," Marzluff says. "At Florida State, the average annual teaching load in the chemistry department was 90 to 100 lectures. Here I teach one-third of a first-year graduate course and a molecular biology section to medical students. So I still do a fair amount of teaching."

Add to that the mentoring of graduate students and postdoctoral research staff; meeting grant proposal deadlines for his lab's research funds; preparing and submitting articles for journal publication; conference planning; fund-raising on and off campus on behalf of basic sciences, including building construction, grants procurement and faculty recruitment; organizing and attending planning conferences; and meeting myriad other administrative responsibilities.

"He's the most effective and unusual research dean I've ever known," says Jeffrey L. Houpt, M. dean of the School of Medicine.

"By mutual agreement, he has no office in our administrative area, he can work on it as much or little as he wants — I keep no track of his time. But he gets agreement on difficult issues like space, cost sharing, and puts people together more effectively than anyone I've seen. His success is that he's not viewed as an administrator. I always wanted a research dean in this mold and finally got it with Bill."

In his own deanship, Marzluff seems allergic to limelight. He prefers that it shine on his UNC basic science colleagues and their accomplishments in recent years.

"Some great things have been achieved here, he says." Creation of the cystic fibrosis model mouse by Richard Boucher, Beverly Koller, and Oliver Smithies. This accomplishment helped increase our understanding of the disease and gain new insights into its treatment.

"Michael Knowles, Richard Boucher and others have followed this by studying new drugs, the P2Y2 receptor agonists, to treat lung disease in patients with cystic fibrosis.

"We had the discovery by Aziz Sancar's lab that cryptochrome, the novel pigment found within the eye, skin and part of the brain, controls circadian rhythm, the body's internal clock. This discovery could lead to more effective therapies for depression and greater safety during shift work at night.

"Another accomplishment was the cloning of the molecule I-kappa-B and its role in regulating cancer cell growth and death," Marzluff continues. "This research by Al Baldwin is widely recognized for providing an understanding of how cancer develops and may lead to new methods of treatment and prevention.

"And just last year Jack Griffith discovered the structure of telomeres, the ends of chromosomes. This discovery that chromosomes end in loops should provide a whole new way of thinking about basic molecular mechanisms related to cancer and to the control of aging in cells.

"I've watched Jude Samulski and his colleagues develop the best vector system for gene therapy — adeno-associated virus.

"Then there's last December's discovery by Clyde Hutchison and his colleague at TIGR (The Institute for Genomics Research) of the smallest number of genes needed for an organism's survival. This research marks a significant step toward creating minimal, tailor-made life forms that can be further altered for such purposes as making biologically active agents for treating illness."

The research dean also points to the appointment last year of biochemistry and biophysics professor Terry Van Dyke, PhD, to direct the Mutant Mouse Regional Resource at UNC. With a $3.5 million grant over five years, this is one of only two NIH-sponsored sites nationally that will facilitate more widespread use of mouse models in basic and translational research throughout the U.S. Such models have revolutionized the ability to probe mammalian biology and disease and have become a valuable resource.

Marzluff is proud that the school's research reputation and collegial interdisciplinary atmosphere make it very competitive in faculty recruitment. Some highly sought-after individuals were recently tapped to direct new research centers. Recently appointed are William Snider, MD, head of the Neuroscience Research Center and Terry Magnuson, PhD, Sarah Graham Kenan Professor and Chair of the new department of genetics. Magnuson also will direct UNC's Genomics Center, currently under formation.

"This is an exciting time to be involved in biomedical research," says Marzluff. "And it's particularly exciting to be doing it in the company of some of the world's best." □

News Briefs

UNC Specialty Women's Center uses high-tech ultrasound equipment

Doctors and sonographers at UNC Specialty Women's Center in Raleigh now can perform more detailed examinations of unborn babies by using the latest in high-tech ultrasound equipment.

The new equipment, known as the HDI-5000, is a high-definition imaging ultrasound. The technique offers doctors and expectant parents such a precise image of the fetus that it can detect abnormalities like spina bifida, a defect of the central nervous system that occurs when the neural tube, which forms the spinal cord and brain, does not develop properly.

Denise Johnson, an ultrasonographer at the center, has used the HDI-5000 ultrasound since May and considers it an indispensable tool for detecting certain birth defects.

"It's brand new with all the bells and whistles," said Johnson. "It helps us study high-risk obstetrical cases."

The HDI-5000 ultrasound used at the center offers a closer look at congenital heart problems, kidney defects and gastrointestinal abnormalities.

Obstetricians and gynecologists throughout the Triangle refer their patients to the center for prenatal diagnoses, and some patients have traveled from as far away as Wilmington for the ultrasound.

"We hope to attract more patients from areas that do not currently offer this type of ultrasound, but who could benefit from our expertise in maternal and fetal medicine," Johnson said.

Wellpath Select, Inc. and UNC Health Care Sign Provider Network Agreements

WellPath Select, Inc., an HMO formerly owned by Duke Health Systems, and UNC Health Care have signed agreements that will allow WellPath to provide its members access to the health care provided by UNC Hospitals and UNC Physicians & Associates. The contracts include continuing WellPath's long-standing and successful relationship with Rex Hospital and its primary physicians. Rex Healthcare in Raleigh is part of the UNC Health Care System.

With the contracts effective September 1, 2000, WellPath enhances its already substantial provider network by more than 641 specialists and 105 primary care physicians who are part of UNC's faculty and community practices. The contracts include the full scope of services provided by UNC Health Care, including all its hospitals, physicians and other health care services, such as home health and hospice. Both UNC and WellPath are committed to continuing to build upon their strong relationship for the greater benefit of WellPath members and communities served by WellPath and UNC.

"We believe our track record as a leading health care system enables us to bring great value to WellPath members," said Eric Munson, President and Chief Executive Officer of UNC Hospitals. "Our experience in the marketplace, our excellent health care services and our positive association with many of the area's employers have enhanced the health and well-being of the people in this region. And we believe with this new relationship WellPath members will have more choice through our extensive network of physicians and hospitals."

UNC Health Care unveils new lifesaving helicopter

Look, up in the sky! It's a bird, it's a plane ... no ... it's the new Tar Heel One, UNC Health Care's new, state-of-the-art, lifesaving helicopter. Part of the UNC Air and Ground Transportation fleet, the chopper will offer patients in medical crisis a faster and safer trip to the hospital.

"The biggest difference is the technology," said pilot Shep Kaylor. The aircraft, an EC135-T1 manufactured by Eurocopter, replaces a helicopter made in the 1980s but which featured 1970s equipment.

The new Tar Heel One can transport a pilot, three medical personnel and one patient and can fly well over 400 nautical miles, Kaylor said — far surpassing the 250-mile range of the previous chopper.

More fuel efficient, lighter and better constructed, the new Tar Heel One is also "more environmentally friendly," Kaylor added. "It burns fuel more cleanly."

The main benefit for patients is the helicopter's speed – even shaving 10 minutes off a flight can prove crucial for a patient in critical condition, said nurse Wendy Rash, a member of the flight team.

"We will still do the same type of care and procedures, but it will help us out because it is faster," she said. "It also has improved lighting inside for better night vision."

Striking in appearance, the helicopter sports bold Carolina blue and white stripes, a large painted Tar Heel on its belly and the new UNC Health Care logo.

UNC wins contract to create the first Cystic Fibrosis National Bioinformatics Center

The University of North Carolina at Chapel Hill School of Medicine has been awarded a contract by the Cystic Fibrosis Foundation Therapeutics Inc., an affiliate of the Cystic Fibrosis Foundation, to create and maintain the nation's first comprehensive bioinformatics center for cystic fibrosis researchers.

The new contract establishes the Cystic Fibrosis National Bioinformatics Center in cooperation with Informax Inc. The contract is worth $450,000 over two years.

As the amount of information about cystic fibrosis continues to grow, scientists are challenged to carry out research that turns this information into new therapeutics as rapidly and efficiently as possible. While there are many laboratories around the country studying cystic fibrosis, scientists still lack a common "language" with which to exchange knowledge and information.

"CF researchers at most universities usually rely on the tools at their university, meaning that scientists are most often working independently of each other," said David Fenstermacher, director of scientific computing. "One reason for this is that researchers use different formats for storing data, making it difficult to go to another cystic fibrosis data site and learn from information stored there."

The Cystic Fibrosis National Bioinformatics Center will allow the foundation to use UNC as a central repository for data derived from gene expression studies. When one group uncovers important data, another participating group can use that information for its subsequent experiments.

For more than two decades, UNC has been nationally and internationally recognized for its premier CF Foundation research center and accredited care center.

The Cystic Fibrosis Foundation will provide researchers access to Genomax, a database and data-mining tool produced by Informax Inc. to be housed at UNC where it can be accessed via the Internet. Technical and application assistance will be available around the clock.

"This initiative between academia, industry and a non-profit, voluntary health organization is another innovative tool that will assure the progress of science and of cystic fibrosis research in particular," said Robert J. Beall, president and chief executive officer of the CF Foundation. "CF scientists have a great track record for collaborating to move CF research forward. This continues to form the cornerstone of our success."

The Genomax database will be provided to a limited number of participating cystic fibrosis researchers for free, and these investigators will have private virtual work areas where they can analyze their data. Eventually, however, each participating scientist will be required to submit his or her data to the central repository, thereby making it accessible to other researchers.

"By providing access to this powerful gene analysis tool and centralized database, the CF Foundation hopes that scientists will use the tools of functional genomics and protein structures to identify novel targets for future drug development," Beall said.

According to Fenstermacher, the Cystic Fibrosis National Bioinformatics Center should become available to CF researchers this fall.

Eck, Viall appointed directors of women's and children's programs

UNC Health Care recently appointed two new program directors for its N.C. Women's and Children's hospitals, currently under construction.

Sharon Eck has been named director of the N.C. Women's Hospital. Carolyn Viall has been named clinical nursing director for Children's Services.

Before coming to UNC last summer, Eck served as project manager of Senior Nursing Administration and Patient Care Services at Yale-New Haven Hospital in New Haven, Conn. She said the challenge of tailoring programs offered in a brand-new, state-of-the-art facility attracted her to Chapel Hill.

Eck

"We're going to respond to what women want," she said. "We're going to give them choices, shared decision-making, convenience and a caring, human connection."

Eck received her bachelor's of science degree in nursing in 1983 and her master's degree in nursing in 1986 from the University of Iowa. She earned her doctorate in nursing from Yale University.

An assistant professor in the UNC School of Nursing, Eck sits on the National Research Committee of the American Association of Ambulatory Care Nurses. She is a member of the American Nurse's Association.

Viall

Viall comes to UNC from the Medical University of South Carolina, where she served as nurse manager of the Pediatric Medical-Surgical, Pediatric Oncology, Pediatric Endocrine and Renal, and Pediatric Cardiac units.

"We aim to deliver world-class care, and we want to be the top choice among parents and referring physicians for pediatric care," she said.

Viall earned her bachelor's degree in nursing from Cleveland State University in 1981 and her master's degree in nursing from Case Western Reserve University in 1986.

A member of the American Association of Critical Care Nurses, Viall serves on the American Society for Parenteral and Enteral Nutrition's Public Policy Committee. In 1998, she was awarded the South Carolina League for Nursing Award of Excellence.

Family Day 2000

Under perfect Carolina blue skies, a large crowd enjoyed Family Day activities held Sept. 16 at UNC's Carroll Hall.

School of Medicine Dean Jeffrey L. Houpt welcomed almost 500 students, family and friends, one of the biggest groups ever to attend the event. Other faculty members participating in the program included Gerry S. Oxford, PHD, professor of cell and molecular physiology; Georgette Dent, MD, associate dean for student affairs, Stephen J. Kizer, MD, professor and associate chair for medical education; and Beat Steiner, MD, MPH, clinical assistant professor of family medicine.

James B. Brame, Jr., of Durham, who's daughter Amy graduated in 1998 and now daughter Anna is a first year student spoke to parents. Brame told parents that the life of a medical student revolves around four "S" words: study, stress, sacrifice and sleeplessness.

"These words are easy to understand and we all know that our future doctors experience all four in prescription doses. We can help them with another "S" word. That is support. ... I ask each of you as parents to seek out and find opportunities to volunteer your time and talents to the medical school."

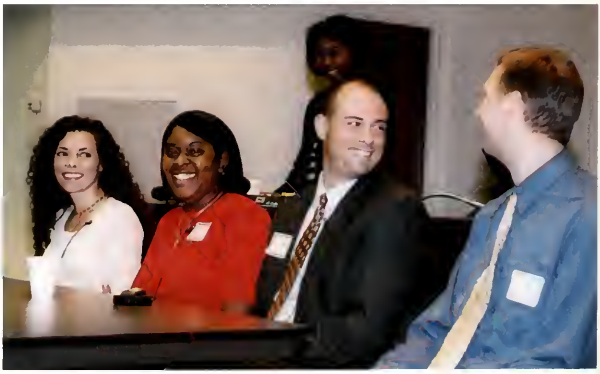
Following lunch on the lawn, first year students and families adjourned to Memorial Hall for the traditional White Coat Ceremony. This year's speaker was Stewart Rogers, MD, professor of medicine who leads the Internal Medicine Training program at Greensboro's Moses Cone Hospital for AHEC.

The White Coat ceremony originated at Columbia University's College of Physicians and Surgeons seven years ago.

The ceremony is designed to foster the ideals of humanistic, compassionate patient care, ethical conduct, and personal responsibility in the learning of medicine. UNC held its first White Coat Ceremony in 1996. About 160 first-year medical students received their coats during the ceremony before a standing-room only crowd. The ceremony concluded with the students reciting The Oath (see next page) dedicating themselves to the responsibilities of a physician in training.

Georgette Dent, MD, associate dean for student affairs, takes a light-hearted moment during her presentation as part of the Family Day program.

Students get chance to catch up with family at lunch.



A student panel shares perspective of medical school life with parents who attended Family Day events.

Students, family and friends had "lunch on the lawn" outside Carroll Hall.

The Oath

I acknowledge and accept the privileges and responsibilities given to me today as a physician in training and dedicate myself to provide care to those in need.

I will approach all aspects of my education with honesty and integrity, embracing opportunities to learn from patients, teachers and colleagues. The diversity of their experiences, cultures and beliefs will enrich my education and my ability to car for patients. When I feel unprepared for new responsibilities, I will acknowledge my limitations and seek guidance.

I will respect the humanity, rights and decisions of all patients and will attend to them with compassion and without bias. I will maintain patient confidentiality and be tactful in my words and actions. I will not forget that there is an art to medicine as well as a science and that warmth, sympathy and understanding are integral to patient care.

I recognize the privileges afforded me as a physician in training and promise not to abuse them. I will strive to earn the trust my patients place in me and the respect that society places upon my profession. As a student, I will seek to acquire the knowledge and skills needed for individual patient care, the capacity to prevent illness and to understand the ways that I can contribute to the standard of health in my community.

As I accept these new responsibilities, I will not forget the importance of my own health and well-being. I will continue to value my relations with those who have supported me in the past and those who will share in my future.

Students recite The Oath during the White Coat Ceremony held at Memorial Hall.

Faculty Notes

Robert A. Bashford, MD, clinical associate professor of psychiatry, has been elected to the membership of the American College of Psychiatrists.

Janet K. Freburger, PhD, PT, has been selected as the 2000 recipient of the Dorothy Briggs Memorial Scientific Inquiry Award from the American Physical Therapy Association. Freburger has also been selected to receive a National Research Service Award from the Agency for Health Care Policy and Research of the U.S. Public Health Service, beginning in July 2000.

Freburger

Noelle A. Granger, PhD, professor of cell biology and anatomy, has received a grant from the Educational Technology Group for the purpose of development of gross anatomy dissection guides using computer-based resources with the aid of Jesse Cannon. Granger also received a grant from ETG to develop 3D embryology animations.

Gail E. Henderson, PhD, and **Nancy M.P. King, JD**, both professors of social medicine, are leading a group of colleagues who have been awarded a three-year, $975,000 National Human Genome Research Institute grant to investigate ethical issues surrounding gene transfer studies. Henderson, King and colleagues will interview investigators, research subjects, study coordinators and members of institutional review boards in up to 50 of the most recent gene transfer studies across the United States. The group will also analyze the specific language of consent forms in such studies in an effort to understand how people develop ideas and beliefs about possible benefits from gene transfer/research studies. Also involved in the project are **Larry R. Churchill, PhD**, professor of social medicine; **Daniel K. Nelson, MS**, associate professor of social medicine and pediatrics; **Arlene Davis, JD**, research assistant professor of social medicine; and **Michael O. Calloway**, a fellow at the UNC-CH Cecil G. Sheps Center for Health Services Research.

Henderson

King

Celia R. Hooper, PhD, clinical professor of speech and hearing sciences, has been honored by UNC-Greensboro's School of Health and Human Performance with its Distinguished Alumni Award.

Jean M. Lauder, PhD, professor of cell biology and anatomy, has recently received two awards. NIDCR has granted Lauder a five-year award titled "Serotonergic Regulation of Insulin-Like Growth Factors." NIEHS has funded "Organochlorine Pesticides and Serotonergic Development," a two-year award.

John J. Lemasters, MD, PhD, professor of cell biology and anatomy, has been granted a two-year Collaborative Funding Assistance Program award from the N.C. Biotechnology Center for his research project titled "Development of Carolina Rinse Solution."

Jeffrey A. Lieberman, MD, professor and vice chair for research and scientific affairs of psychiatry, and **Christine Marx, MD** received the 2000 Kempf Award from the American Psychiatric Association. The award recognizes research excellence in schizophrenia, and is given to an outstanding mentor and his/her mentee. Lieberman recently served as part of the planning board for the Surgeon General's Report on Mental Health.

Lieberman

Gary B. Mesibov, PhD, professor of psychiatry and director of TEACCH, has received an honorary doctorate from the academic board of the University of Mons-Hainaut in Mons, Belgium. The Belgian university recognized Mesibov for university training and public school implementation of TEACCH methods in Belgium. TEACCH was the first program in the United States to offer comprehensive and community-based professional assistance for families to help them understand and treat autism and avoid unnecessary institutionalization.

Anthony A. Meyer, MD, PhD, professor and division chief of general surgery, has been named the Roscoe Bennett Gray Cowper Distinguished Professor of Surgery. He succeeds George Johnson, MD who was the first Cowper Professor, and who now is the Roscoe Bennett Gray Cowper Professor-Emeritus. Meyer has also been appointed reviewer for the *Journal of Leukocyte Biology*, chairman of the Honors Committee, Nominating Committee and Committee on Publications for the American Association for the Surgery of Trauma, and was appointed to the Strategic Planning Task Force for Ambulatory Care Pharmacy last year.

Meyer

Michael R. Mill, MD, professor of surgery, has been named chief of the division of cardiothoracic surgery. He has been the acting chief since Benson R. Wilcox, MD, retired in 1998. Mill performed both the first heart-lung transplant and first pediatric heart-lung transplant in North Carolina.

Mill

Paul L. Molina, MD, associate professor of radiology, was selected by the diagnostic radiology residents as Teacher of the Year. The award honors a UNC faculty member who makes a significant contribution to radiology resident education during the academic year. Molina joined the faculty in 1993 and has served as the residency program director for the department of radiology since 1996. He's the director of computed body tomography and chairman of the radiology resident selection committee.

Molina

Shoji Osawa, PhD, research associate professor of cell biology and anatomy, has received a three-year award from NIH titled "Desensitization of Cone Visual Signaling Pathways."

Michael D. Peck, MD, ScD, professor of surgery and director of the UNC Jaycee Burn Center, has been appointed to the editorial board of the *Journal of Burn Care and Rehabilitation.*

The *Journal* is the official publication of the American Burn Association and is the only U.S. journal devoted exclusively to the treatment and rehabilitation of patients with burns. Its original, peer-reviewed articles present the latest information on surgical procedures, acute care, rehabilitation, reconstruction and burn prevention.

Robert L. Peiffer, Jr., PhD, DVM, professor of ophthalmology and pathology, was recently invited to be a visiting professor at the Western Colleges of Medicine and Veterinary Medicine, University of Saskatchewan, Saskstoon, Canada. In addition to participating in patient rounds and collaborative research with Dr. Bruce Grahn, Peiffer gave three lectures while there, "Ocular Melanomas in Three Species," "The Histopathology of Glaucoma," and "Pigmented Ocular Lesions."

M. Patricia Rivera, MD, assistant professor of pulmonary and critical care medicine, has been appointed governor of North Carolina for the American College of Chest Physicians for 2000-2002.

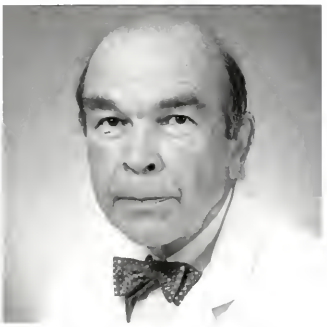
Wesley M. Wallace, MD, clinical assistant professor of emergency medicine, has been appointed by House Speaker James Black to the North Carolina Legislature's Smart Growth Commission.

IN REMEMBRANCE

Robert D. Langdell, MD, professor emeritus of pathology and laboratory medicine at the UNC School of Medicine for more than 30 years, passed away April 11, 2000. Despite his death at age 76, his lifetime of contributions to the fields of hematology and pathology will continue to live on.

"Dr. Langdell was one of the three world-famous coagulationists that UNC has produced," said Harold R. Roberts, MD, distinguished professor of medicine and pathology and laboratory medicine. "Dr. Langdell, along with Dr. Kenneth Brinkhous and Dr. Robert Wagner, is known the world over for the Partial Thromboplastin Time test that the three first developed and described in 1953."

The Partial Thromboplastin Time test, or PTT as many physicians call it, is a simple blood test used for the diagnosis of bleeding disorders and for monitoring treatment of heart attacks and strokes with the anticoagulant heparin. The test is currently used millions of times a day by hospitals worldwide, according to Roberts, and has formed the basis of all other one-stage clotting assays used.



Robert D. Langdell, MD

"Dr. Langdell's contributions to his field included not only the development of PTT and his expertise in the diagnosis of bleeding disorders," said Roberts, "but also his enumeration of the requirements on blood banks to treat those disorders with blood component therapy."

A graduate of the George Washington University School of Medicine in 1948, Langdell first came to UNC as a fellow in pathology in 1949. He quickly became a key member of Brinkhous' research group, and began teaching in the department of pathology in 1951. His research interests included the nature of coagulation in lower animals, and the stability of coagulation factors in blood-banked blood and plasma.

Throughout the course of his distinguished career, Langdell was involved in numerous professional affiliations, including the American Medical Association, the American Society of Clinical Pathologists and the International Society of Thrombosis and Haemostasis.

Langdell retired from the School of Medicine in June of 1989. In 1990, the Langdell Transfusion Medicine Service, the blood bank for UNC Hospitals, was dedicated and named in honor of Langdell.

Langdell's achievements were once again recognized in 1996 when the American Association of Blood Banks awarded him their highest honor, the Karl Landsteiner Award. The award is given annually in recognition of those who have made outstanding contributions to the science of blood-banking at both the clinical and basic research levels.

Runge Stays Focused on

By Katie Macdonald

During the hottest days of summer, when many North Carolinians are complaining of the heat and humidity, Marschall Runge, MD, PhD, and new chair of the UNC Department of Medicine, is thoroughly enjoying the blue skies and casual, university town lifestyle unique to Chapel Hill. "It's like a breath of fresh air," said the native Texan, who has found relief from the Texas heat along with some new challenges that come with chairing one of the largest departments within the School of Medicine.

"I'll do my absolute best to help the department grow and prosper and to foster growth in our faculty, fellows, residents and staff," he said. "I'm excited to be here and will do everything I came to help continue the outstanding tradition that this department has had over the past several decades."

In July, Runge moved his wife, Susan, and their five children, Thomas, 17; Elizabeth, 15; William, 13; John, 10; and Mason, 8, from from Galveston, Texas, where they had lived since 1994. In Texas, Runge worked in the cardiology division at the John Sealy Hospital — University of Texas Medical Branch at Galveston. Along with his role as professor of internal medicine and John Sealy Distinguished Centennial Chair, Runge served as the director for the Sealy Center for Molecular Biology, all while fulfilling his duties as an attending physician.

His medical career is replete with distinguished academic and hospital appointments. He graduated from the Johns Hopkins School of Medicine and was an intern and resident in Internal Medicine there. He then completed his cardiology fellowship at Harvard's Massachusetts General Hospital and was a faculty member there prior to moving to Emory University as an associate professor of Medicine in 1989. Over the years, he has received numerous awards and honors that are reflective of his outstanding career as a researcher, teacher and physician.

His research awards include the Henry Christian Research Award from the American Federation of Clinical Research and the American Heart Association Council on Thrombosis' Young Investigator Prize in Thrombosis.

Marschall Runge, MD, chair of the Department of Medicine

Runge also has received praise from some of the top medical schools in the country. In 1993, Emory University honored him with the Golden Apple Award for excellence in teaching in internal medicine and, in 1994, the University of Texas Medical Branch designated him the Best Teacher in Internal Medicine. The Best Doctors in America also counted Runge among the select doctors for its fourth edition issued in 1998. For a doctor whose modesty and unassuming demeanor might strike some as unexpected, although welcome characteristics, Runge has consistently demonstrated an ability to manage a lot of responsibilities with the highest degree of skill and professionalism.

Runge's talents and work ethic, however, come as no surprise to his family and friends, who know of his childhood growing up in the Texas hill country.

"My parents are both children of the Depression and are really big on education," said Runge. "They were very insistent on getting a good education and putting it to good use. They never pushed me in any direction in particular, but did, on occasion, tell me that if I procrastinated too much, they would."

Although Runge was not always sure he

Leading, Teaching, Caring

wanted to be a doctor, there was strong pull in his family toward medicine — with several physician family members, including his older sister and younger brother — both of whom also ended up in academic medicine.

Now as a doctor specializing in cardiology, Runge finds it amusing to reflect on his original vision of becoming a doctor. "When I first thought about going into medicine, my plan was to go into family practice in a small town in central Texas where my grandparents had a ranch," he recalled. "But in college, somewhat to my surprise, I became interested in basic molecular biology research, and it was that interest that really led me to academic medicine. That life wasn't very compatible with family practice in the central Texas hill country, though."

The direction his life has taken is quite unlike the life of a family practice doctor in central Texas. Although he wanted to attend the University of Texas at Austin, Runge was encouraged to look beyond the comforts of familiarity and home for an education. His parents' insistence that he live at home if he attended UT, proved enough motivation to send Runge to Vanderbilt University in Nashville, Tenn., where he studied biology. Vanderbilt is where Runge met his wife Susan, an anesthesiologist. She's put her practice aside for now, concentrating instead on being a full-time mother. "Susan and I met in chemistry class," said Runge with a grin.

After graduating from Vanderbilt in 1976, Runge decided to continue his education there and in 1979, completed his PhD in Vanderbilt's molecular biology program. From there, Runge attended Johns Hopkins University School of Medicine, where he received his MD in 1984.

Since that time, Runge has thrived in his position as a physician and researcher, devoting much of his career to the study of vascular biology and clotting thrombosis. "I'm interested in knowing how the blood vessels work," he said.

UNC's long-standing reputation as one of the world's leaders in thrombosis research, the growing interest here in vascular biology, and the breadth of cutting edge research both in the department and medical school are all reasons that Runge decided to come to Chapel Hill. "UNC has a wonderful and well deserved tradition and reputation in thrombosis research, and has great science throughout the institution," he said. "Although I hadn't initially sought a position as chairman, the strength of this department and of UNC and the area were practically irresistible. Plus, everyone I knew, including several former UNC faculty members who were chairs in Galveston, really spoke very highly of the institution and area."

As the new chair of medicine, Runge is, in part, responsible for setting the tone for students hoping to enter the medical profession. He will teach on inpatient services in areas of clinical medicine, including his area of expertise, cardiology. "I very much enjoy teaching at different levels," he said. "One of our most important teaching roles as faculty focuses on the approach to the patient. We, and our students, must learn to evaluate patients in a scientific way in order to consider all possible disease processes and treatments while never losing sight of the importance of compassion and the physician-patient relationship. Helping medical students and housestaff learn these lessons in today's more hurried medical environment is a challenge that we must address."

Runge plans to combine his scientific instruction with an emphasis on professionalism and respect for patients, their families and coworkers in health care. "The best approach, in my opinion is to teach interactively and by example," he says.

Runge wants also to teach medical students in the pre-clinical years, focusing on the application of basic science to the practice of medicine. "In the past, I have taught in physiology and pathophysiology courses on the heart and blood vessels, and I hope to be do the same here," he said.

Along with his duties as a faculty member in the School of Medicine, Runge will spend a significant amount of time with the medical housestaff. Two to three days a week, Runge will attend a conference called Morning Report and then answer questions at bi-weekly "Stump the Chair" sessions.

"The job of chairman is a truly daunting task, particularly with the ever-changing health care environment," he said. "Today, it is not only important to be involved in all the traditional areas of academic medicine, but to always have an eye towards adapting to the changing landscape. Thinking back about some of the incredible chairs that I have known, as well as those who have preceded me here, these individuals somehow combined teaching, clinical care and research in their own lives and integrated these into their departments. They not only led by example, but also faced the administrative challenges of managing a large and important part of a medical school through challenging times in academic medicine. Without question, this is a much larger job than any one person, and we have a wonderful faculty at UNC and division directors, all of whom have already, and continue to rise to the occasion."

Runge's relocation and new job may seem to him like a breath of fresh air, but it is Runge who will breathe new life into the department of medicine. "I think we have to take a fresh look at medicine," he said. "With the collective brain power of the department of medicine, I have no doubt that if we are willing to be innovative, to take risks and to persist, we can make changes that will allow all of us to spend more time on what we entered academic medicine for in the first place — to do research, take care of patients and teach." □

Scholarship Established in Honor of Harold Roberts, MD

By Bernadette Gillis

Saying thank you to one man never meant so much to so many. In appreciation of years of support, Ron Neal, MD, '75, an OB Gyn in Greensboro, N.C., created a scholarship to help medical school students in honor of Harold R. Roberts, MD, '55. The scholarship endowment fund is held at The Medical Foundation of North Carolina, Inc.

"Harold Roberts was not only a mentor to me but also a father figure, Neal said. "Ever since I was in medical school, I have wanted to thank him. The most significant thing I could to do was to set up a scholarship." The Roberts Loyalty Fund Scholarship was announced by Neal with Roberts standing at his side at the Spring Medical Alumni Weekend Banquet.

The need-based scholarship, named after Roberts, will benefit medical students with financial need.

Having come from disadvantaged backgrounds, helping economically disadvantaged medical students would mean a lot to both Neal and Roberts, Neal said. "We both know what it was like to struggle. That's the reason for setting up a need-based scholarship." He added, "It's a way of helping those like him and myself."

It was Roberts' understanding of financial struggles that led Neal to find a role model in Roberts. "Having lost my father a at very young age, it was easy for me to admire him."

Neal worked with Roberts for three years before attending the school of medicine, first as a technician and later as a graduate student. "Dr. Roberts was personally interested in my work and helped me realize my dream of becoming a physician."

Roberts taught Neal many lessons in life, including the importance of the being the best at what you do despite your occupation or background, said Neal. "I am certain that Dr. Roberts and I share the belief that men and women of character, intelligence and commitment should be able to pursue careers in medicine, regardless of economic circumstances."

Harold Roberts, MD, left, learns of Ron Neal's scholarship gift.

The Harold R. Roberts Loyalty Fund Scholarship will benefit one student each year beginning in the fall 2001. The scholarship is one of 51 Loyalty Fund Scholarships awarded annually by the Loyalty Fund, the unrestricted annual fund of medical school alumni. A campaign is underway to endow all 51 scholarships at a minimum of $100,000. Rising costs, including a significant tuition increase, make the case for endowment. A story will appear in the next Bulletin in regard to the Medical Alumni Endowment Campaign.

Neal said he is happy the scholarship will benefit medical students with backgrounds similar to his. "It's a wonderful feeling to know you are helping others, and this is a wonderful opportunity to help."

In addition to showing his appreciation for Roberts' influence, Neal said the scholarship was established also to recognize Roberts' contributions to the school of medicine. "Dr. Roberts is one of the medical school's greatest advocates, and he's made a tremendous difference."

Roberts has served on the school of medicine faculty as an internationally recognized specialist in hematology and coagulation. He was also granted the Distinguished Career Award for Contributions to Hemostasis by the International Society on Thrombosis and Hemostasis. He was honored with the Medical Alumni Association's Distinguished Service Award earlier this year.

UNC Professor Endows National Prize in Neuroscience

One of UNC's most distinguished researchers recently endowed a $10,000 national prize to be awarded annually for an outstanding scientific contribution to neuroscience.

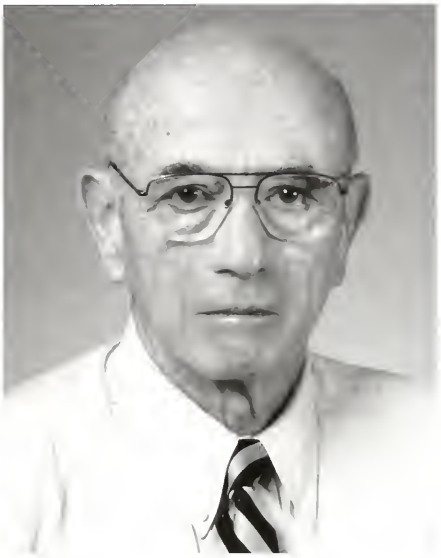
Edward R. Perl, MD, Sarah Graham Kenan professor of cell and molecular physiology said he endowed the prize to draw attention to UNC's strengths in neuroscience and pay tribute to the university.

"The prize allows me to acknowledge the university for the opportunities it has given me," he said. "The prize would bring to the campus on a yearly basis major contributors in the field to receive this award, give a lecture and interact with people here.

"The prize would be a legacy of my having been here and would help call attention to the institution and our strength in neuroscience."

Perl said he hoped the prize would be awarded for an outstanding discovery or seminal insight, rather than to commemorate a lifetime body of work.

"The selection committee would choose from the broad field of neuroscience ranging from development to molecular mechanisms to integrative function," he said. "It is my specific wish that the prize should not focus on the same area in successive years. The concept is to recognize people with fresh and current contributions and make them aware of UNC."



Edward R. Perl, MD

Perl, who received his medical degree in 1949 from the University of Illinois at Chicago, twice served as acting head of the University of Utah's physiology department. Recruited to Carolina to build up the university's strength in the neurosciences, Perl served as chairman of physiology from 1971 to 1989.

A founder and acting president when the Society for Neuroscience was started in 1969, he was awarded that group's 1998 Gerard prize for outstanding contributions to the field.

Perl's work in pain mechanisms has been highly influential. He was the first to document the existence of nociceptors, sensory fibers specially activated by tissue damage and their relation to the sensation of pain. He continues to explore the biological bases of pain sensation.

Nearing completion on campus is a $30-million Neuroscience Research Center, headed by William Snider, MD, a pioneer in the action of nerve growth factors, proteins that help neurons grow. Perl helped recruit Snider to UNC.

"His nociceptor work has had an enormous impact on modern pain research," Snider said of Perl.

"There are now literally dozens of laboratories, as well as biotechnology and pharmaceutical companies, studying the molecular characteristics of these neurons with an eye toward developing novel pain therapies." □

Californian wins first Perl-UNC Neuroscience Prize

A California researcher became the first winner of a national prize endowed by a distinguished scientist at the University of North Carolina at Chapel Hill. The prize, to be awarded annually, recognizes outstanding scientific contribution to the field of neuroscience.

The $10,000 Perl-UNC Neuroscience Prize goes to David Julius, PhD, professor of cellular and molecular pharmacology at the University of California-San Francisco School of Medicine.

Julius discovered the nerve cell molecule that mediates responses to capsaicin, the active ingredient in hot peppers. The capsaicin receptor, VR1, also is responsible for the transmission of noxious heat sensations.

That discovery four years ago, and Julius' subsequent studies, build on the pioneering research of neurophysiologist Edward R. Perl, MD, Sarah Graham Kenan professor of cell and molecular physiology at UNC's School of Medicine.

Julius said he was honored to have received the award.

"I take great pride and pleasure in being named the recipient of the first Perl-UNC Neuroscience Prize," Julius said. "Of course, this prize is made possible through the generosity of Ed Perl, but it also reflects his pioneering studies in the area of nociception and sensory neuron functioning."

Research Briefs

Research shows radiologists will need different programs for digital mammography to work best

For doctors to take best advantage of new digital mammography and possibly save more women from breast cancer, companies that manufacture the technology need to create new, more sophisticated computer programs, University of North Carolina at Chapel Hill scientists say.

That's because a team of researchers led by Etta Pisano, MD, professor of radiology, has found that radiologists prefer different kinds of images for evaluating different types of breast tissue abnormalities.

"Before we did our study, we thought that a certain type of lesion and a certain kind of breast density, for example, would require only one type of processing," said Pisano, also chief of breast imaging and a member of the UNC Lineberger Comprehensive Cancer Center. "Now, we think displaying images will be more complicated. To get full use out of digital mammography machines, companies are going to have to put some resources into optimizing images for different tasks."

An image processing program that reveals calcifications in the breast will be different from one that helps doctors evaluate those calcifications once they've been found, she said. The same holds true for cancerous breast tumors.

A report on the latest research appears in the September issue of Radiology. Besides Pisano, authors are Elodia B. Cole, research associate in radiology; Stacey Major, former research assistant in biostatistics; Shuquan Zong, graduate research assistant; Bradley M. Hemminger, senior research associate in radiology; Keith E. Muller, PhD associate professor of biostatistics; and 27 co-authors from the International Digital Mammography Development Group. The latter is a consortium of radiologists from UNC, Harvard, Johns Hopkins, Duke and other universities. A companion report in the September issue of Radiographics contains images from the study.

The research involved showing images from 28 patients with various known breast abnormalities to 12 radiologists who compared digital images from three different commercially available machines to traditional film mammograms from the same patients. The physicians were asked to decide and record which images they preferred in making diagnoses. Manufacturers were General Electric, Fisher and Trex.

The challenge for General Electric and the other companies will be to create new, more sophisticated computer software that takes into account what radiologists believe provides the most helpful pictures, the physician said.

The National Cancer Institute, the U.S. Army Medical Research and Material Command and the Canadian Breast Cancer Research Initiative supported the research.

For more information, see http://www.unc.edu/news/newsserv/research/pisano83100.htm

Camera to detect early signs of lung cancer; tests at UNC seek people at risk for disease

Physicians at the University of North Carolina at Chapel Hill School of Medicine are seeking people at high risk for developing lung cancer to participate in a study aimed at detecting early signs of the disease.

"We are looking for people who have a prior history of early-stage lung cancer, head or neck cancer, smokers over age 35 and smokers who have had relatives with lung cancer," said Patricia Rivera, MD, assistant professor of medicine and a member of the UNC Lineberger Comprehensive Cancer Center. "Our hope is that we will be able to detect cancers at a much earlier stage when we know the chance of treatment success is better."

The study, which is in collaboration with scientists from the National Institute of Environmental Health Sciences, involves a camera device called LIFE, for lung imaging fluorescence endoscope.

UNC physicians have been using the LIFE unit, which is approved by the U.S. Food and Drug Administration, for more than a year to detect pre-malignant or malignant changes inside the lungs. UNC is the only facility in North Carolina with the device.

Created in Vancouver, Canada, by Xillix, the LIFE bronchoscope is an improvement over conventional bronchoscopy, X-rays or sputum tests. It uses red or green light waves, causing normal cells to appear bright green. Abnormalities, such as pre-cancerous lesions and tumors, show up as varying shades of red or brownish red.

"It is more sensitive than the traditional white-light bronchoscopy for precancerous lesions," Rivera explained. "With the white-light method, even an experienced bronchoscopist can miss a lesion."

This improved sensitivity means physicians can encourage patients with early signs of cancer in their lungs to adopt new and healthier life habits.

"By catching tumors that are precancerous, we can make interventions and also encourage patients to stop smoking," Rivera said. "We believe that some pre-malignant lesions may regress if patients stop smoking."

For more information, see http://www.unchealthcare.org/medsys/news/newsreleases/newsrelease.cfm/release=life_bronchoscope.html

Hearing loss a threat to children who survive 'stiff lung' condition at birth, UNC physician finds

Children who survive a condition at birth in which their lungs are too stiff to saturate their blood with enough oxygen may be at increased risk for progressive hearing loss and need periodic hearing tests, according to a University of North Carolina at Chapel Hill physician.

Newborns with the potentially life-threatening condition called persistent pulmonary hypertension, or PPHN, usually are put on mechanical ventilation via a breathing tube.

Survivors of PPHN need follow-up monitoring with periodic hearing tests, even if standard auditory testing in the first weeks of life prove normal, according to Wendell G.

Yarbrough, MD, assistant professor of otolaryngology and head and neck surgery.

In the United States, about 10,000 babies a year are born with this disorder.

Writing in the August issue of *Archives of Otolaryngology*, Yarbrough makes his point describing the case of a child with delayed-onset hearing loss

"As a newborn, this child had survived persistent pulmonary hypertension. He was treated in neonatal intensive care and after discharge from the hospital had done fine on regular pediatric examinations," Yarbrough explained. "He also did well on standard developmental tests at seven and 13 months. These showed normal response to sound, but did not include formal audiologic testing.

"But when he was about 3 years old, his parents brought him to our clinic because they were concerned that the child might have poor hearing. They had noticed the difference in speech development between their older child."

The parent's concerns were justified. The child communicated with poor articulation, and hearing tests revealed moderate to severe bilateral sensorineural hearing loss. Auditory structures within his ears essentially were not detecting sound signals for nerve transmission to the brain.

"We fitted him with hearing aids and sent him to speech pathology for a formal speech and language evaluation. He had a vocabulary of about 50 words, compared with 900 words typical of 3 year olds," Yarbrough said. "Auditory comprehension, expressive communication and total language score were consistent with a one-year delay in speech and language skills."

The boy was enrolled in speech therapy and followed by an audiologist for hearing evaluation and refitting of hearing aids. When he was seen again in the clinic six months later, his vocabulary had increased to 250 words. But tests demonstrated a progression in hearing loss.

In his journal report, Yarbrough acknowledged a growing body of data supporting a link between PPHN, its medical treatment and hearing loss.

"The issue is clouded to some degree because a lot of these children were on different types of ventilation support or on drugs such as gentamycin [an antibiotic], which have been associated with hearing loss," he said. "But I think it's becoming clearer that the underlying insult is not necessarily what we do to the child but the disorder itself, PPHN."

For more information see http://www.unchealthcare.org/medsys/news/newsreleases/newsrelease.cfm/release=stiff_lung.html

New protein key to cell shape and movement; has implications for cancer, pregnancy, brain development, wound healing

A protein discovered by scientists at the University of North Carolina at Chapel Hill appears to play a key role in determining the shape of cells and allowing them to move.

The newly identified protein, called palladin, is being explored for its influence on a number of biological processes, including the invasive spread of cancer, wound healing, brain development and the implantation of the embryo in the uterus.

"I think it may be critically involved in even more biological functions," said Carol A. Otey, MD, assistant professor of cell and molecular physiology. A report of the discovery, co-authored by Mana M. Parast, MD, of the University of Virginia, was published in the Aug. 7 issue of the *Journal of Cell Biology*.

Otey said the new protein was named after Palladio, the influential 16th-century architect. Palladin appears to be quite involved in the architecture of cells, specifically via the actin cytoskeleton, a polymer protein complex that provides much of the basis for cell shape.

"Cells have a shape that is related to their function," Otey explained. "A good example of specialized cell shape is the neuron. They must be very long and skinny to allow the nervous system to function. Another example is epithelial cells, including skin cells, which bind tightly to one another to form a continuous sheet."

According to Otey's findings, palladin belongs to a small group of cytoskeletal adhesion proteins that seem to provide molecular 'glue' for maintaining cellular shape and for the attachment of cells to one another via their plasma membranes. For example, fibroblasts are spindle-shaped cells involved in connective tissue and collagen formation and also are crucial to wound healing. In these cells, palladin is concentrated near attachment points to the plasma membrane.

On the other hand, palladin is absent, not expressed, in some undifferentiated cells; that is, in cells which haven't achieved their genetically predetermined shape. Thus, the protein is absent in precursor stem cells.

"So this indicates that palladin plays a role in forming the new cytoskeleton of cells that are beginning to differentiate and take on their specialized shape," she said.

According to Otey, an exciting thing about palladin is its presence in different forms, different molecular weights.

"In many different types of cells, one form of palladin may be necessary for tight adhesion and another for migration, or movement," she said.

She noted that a heavier form of palladin is more highly present, or expressed, in metastatic cancer cells — tumor cells that spread beyond their point of origin.

This research is supported by grants from the National Institutes of Health.

For more information see *http://www.unchealthcare.org/medsys/news/newsrelease/newsrelease.cfm/release=palladin.html*

Development Notes

Mike Bucy, left, a UNC senior and head of last year's UNC Dance Marathon, presents a check for $70,000 to Eric Munson, UNC Hospitals president and chief executive officer (second from left), Scarlet Cardwell, director of the department of social work, and Alan Stiles, MD, chair of the department of pediatrics. The Dance Marathon is an annual fundraising event organized by UNC students to benefit the N.C. Children's Hospital. Dance Marathon 2001 will be held in February.

Tile-painting endeavor to raise money for N.C. Children's Hospital

A unique partnership between the N.C. Children's Hospital and a Chapel Hill business will raise money for the hospital's pediatrics program.

"Hands and Heels for Hope" is a program co-sponsored by Paint the Earth, a paint-it-yourself ceramic studio in Chapel Hill, and The Medical Foundation of North Carolina, Inc. Paint the Earth is offering a special tile-painting opportunity that will give artists long-term recognition and provide financial support to the N.C. Children's Hospital.

Through "Hands and Heels for Hope," artists can paint 6-inch square tiles that will be permanently mounted in the lobby of the new N.C. Children's Hospital. The cost is $25 for one tile or $40 for two tiles. Proceeds benefit the N.C. Children's Hospital.

Paint the Earth will donate all tiles and supplies, and will glaze and fire the finished works.

Individuals are encouraged to visit Paint the Earth at 316 W. Franklin St. — just be sure to tell a studio staff member the purpose of your visit. Handprints and footprints of children are suggested figures to paint, but any tasteful message or art is welcome.

The next tile-painting fundraiser will be held Fri. Dec 8, at the Medical Auxiliary Holiday Bazaar in the lobby of the N.C. Neurosciences Hospital.

150 Attend Fall Co-Founders' Meeting

Nearly 150 people attended the Fall Co-Founders' Meeting held Nov. 11 and hosted by The Medical Foundation of North Carolina, Inc. The Foundation held the event at the William and Ida Friday Continuing Education Center for those who have contributed more than $1,000 this year.

Co-Founders' Club President David Rendleman, MD '70, presided over the meeting which focused on women's and children's programs at UNC. A sneak preview of the new N.C. Children's Hospital was presented by Alan Stiles, MD, chair of the department of pediatrics. (For more information about the new N.C. Women's and Children's hospitals see page 4.

Program highlights included the following presentations by UNC School of Medicine faculty members:

"The Center for Maternal and Infant Health," by Ken Moise, MD, professor and division chief of maternal-fetal medicine

"Cutting-Edge Techniques of Intrauterine Therapy," by Nancy Chescheir, MD, professor, department of obstetrics and gynecology

"Prenatal Cardiac Diagnosis," by John Cotton, MD, assistant professor, department of pediatrics

"Approaches to Congential Heart Disease," by Mark Bleiwiess, MD, assistant professor, department of pediatrics

Co-Founders' meetings provide donors information on issues facing the School of Medicine as well as new research and technology.

Alumni Notes

20s

Herman F. Easom, MD '27, lives in Wilson, N.C., and works part time at chest clinics for tuberculosis. In 1997, he lost his wife; the two had no children.

40s

George McLemore, MD '46, would like to know how is fellow classmates are doing. McLemore continues to practice medicine at his cardiology practice in New York City.

60s

Joe Griffin, MD '68, retired in August from the Medical College of Georgia as professor of medicine (gastroenterology) after 25 years on the faculty. He plants to enter private practice in Augusta, Ga.

70s

David H. Hopper, MD '76, president of Total Life Family Practice Center, Inc. and **Bill Harden, MD '77,** from Bluefield, Va., wrote "we (recently) worked for eight days in the isolated and rebel-controlled territories of the Nuba Mountains and Blue Nile district of Southern Sudan, Africa." The two treated 5,000 patients for malaria, worms, dysentery, tropical skin ulcers and numerous other problems. To see photos of the trip check the web site at: http://communities.msn.com/missiontosudan

Tommy Pope, MD '78, was recently promoted as professor and chair of the department of radiology at the Medical University of South Carolina in Charleston, SC.

80s

Angela Kendrick, MD '82, is a pediatric anesthesiologist at the Doernbecher Children's Hospital in Portland, Or. She and her husband, Brad, invite anyone who visits Portland to stop by for a visit. And, bring some barbecue!

Scott L. Ramey, MD '81, is chief of interventional radiology with Bay Radiology Associates, PA in Panama City, Florida. His email address is SLR54@aol.com

Teri Rummans, MD '81, lives in Rochester, Mn. where he works in the department of psychiatry at the Mayo Clinic. He was recently elected president of the staff for 2001.

90s

Ibrez Bandukwala, MD '97, is a member of the Emory University Hospital department of medicine faculty. He plans to marry **Claire Parker, MD '97,** who is currently a fourth-year resident in ob/gyn at Emory University Hospital.

Michelle Kilby, MD '90, is an assistant professor in pediatries at the University of Alabama. She also is the medical director of the child abuse team and recently received her masters in public health. She and her husband, Michael, have two sons.

Bryan Neywirth, MD '91, passed the Aver Board of Cosmetic Surgery in April. Neywirth lives in Hickory, NC, with his wife and four children where he works in a private oral, maxillofacial and cosmetic surgery practice.

Gardiner Roddey, MD '90, and **Patty Roddey, MD '90,** live in Charlotte, NC with their sons Rich, 7, Eli, 2 and daughter Lyle, 5 months. Patty practices 2 1/2 days per week. Gardiner, although he works long hours, still finds time to play some soccer and basketball.

Melinda T. Wyatt, MD '93, and her husband Rick, recently welcomed Nicholas Taylor Wyattt to their family this year. Melinda is currently in private practice in Raleigh, NC.

Deaths

Rex Speers, MD, House Staff, '57-'61

2000-2001 Loyalty Fund Scholars

The Loyalty Fund initiated the Merit Award program in 1966 with a modest stipend to six students. In the late 1980's the Medical Alumni Association developed a strategic vision to promote broader and higher levels of alumni support. Increasing private gifts enabled the number of scholarships to grow from 20 in 1993 to 51 currently, each covering full in-state tuition. The awards for 2000-2001 are $3,300 except for Allied Health Sciences, which are $1,500.

Merit Awards - An estimated ten awards are made for highest honors during MS I, II and III. (MS IIIs to be determined.)

Four-Year Scholarships - Twenty-four students are supported. Six awards to MS Is for four years based on academics, leadership and financial need. Two are designated for MD/PhD students.

Fourth-Year Generalist Scholarships - Five awards to MS IVs who have committed to a generalist residency program.

First-, Second- and Third-Year Scholarships - Three one-year awards for each class based on academics, leadership and financial need.

Allied Health Sciences - Three awards for students to be selected by the Department Chair.

Carol Albright
MS III
MD/PhD

Wendy Baer
MS IV

Jessica Bailey
MS III

Lindsey Baker
Allied Sciences

April Blue
MS IV
Four-Year

Theodore Brisson
MS II
One-Year

Jennifer Bushman
MS I
MD/PhD

Martin Butler
MS II
Merit

Jennifer Chancellor
MS I
One-Year

Jerome Chen
MS I
One-Year

Lisa Cohen
MS I
Four-Year

Heather Crouse
MS III
One-Year

Donna Culton
MS III
MD/PhD

Carlos Ebert
MS IV
Four-Year

Stephanie Falk
MS II
Four-Year

Serina Floyd
MS IV
One-Year

Kelly Fogleman
MS II
One-Year

Matthew Foster
MS III
Four-Year

Lee Gray
MS IV
Four-Year

Jamie Green
Allied Sciences

Elizabeth Guckian
Allied Sciences

Stacy Haponik
MS I
Four-Year

Gavin Henderson
MS II
MD/PhD

Michelle Hernandez
MS III
Four-Year

Duncan Hill
MS III
One-Year

Noah Hoffman
MS III
MD/PhD

Jennifer Hunter
MS III
Merit

Peter Kranz
MS II
Four-Year

Vijay Krishnamurthy
MS I
One-Year

Milele Kudumu
MS II
One-Year

Rodney Look
MS IV
One-Year

Chad McCall
MS I
MD/PhD

Dalton McLean
MS II
Merit

Jason Merker
MS III
MD/PhD

Anup Parik
MS I
One-Year

Latonia Roach
MS IV
Four-Year

Michael Rosenthal
MS III
MD/PhD

Jonathan Routh
MS III
Four-Year

Shaida Ryan
MS III
Four-Year

Rebecca Sands
MS III
One-Year

Shannon Sawin
MS IV
Four-Year

Carlie Sigel
MS II
Four-Year

Charles Smith
MS IV
One-Year

Rishi Syal
MS II
Four-Year

Charles Toulson
MS IV
One-Year

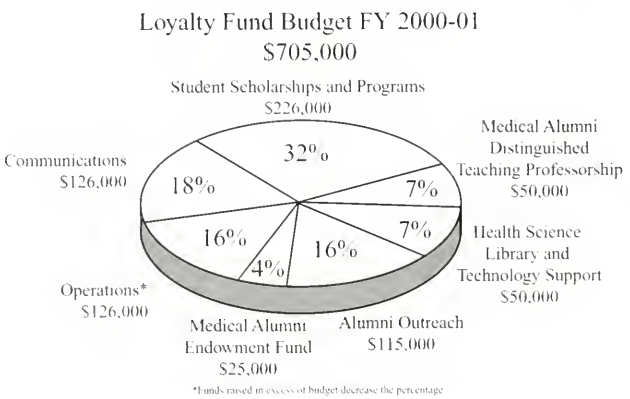
Lavanya Vaidya
MS III
Merit

Nam Vo
MS IV
Four-Year

Rebecca Walker
MS I
Four-Year

Sara Woods
MS I
Four-Year

Loyalty Fund Campaign



Area Campaigns

Atlanta
George W. Cox, M.D. '66 *Chair*
Buncombe County
Brentley D. Jeffries, M.D. '85 *Chair*
Durham/Orange Counties
W. Woodrow Burns, Jr., M.D. '69 *Co-Chair*
W. Benson McCutcheon, Jr., M.D. HS *Co-Chair*
Forsyth County
Richard C. Worf, M.D. '78 *Chair*
Guilford County
Drew A. Jones, M.D. '91 *Co-Chair*
Leigh H. Jones, M.D. '90 *Co-Chair*
Mecklenburg County
Robyn Stacy-Humphries, M.D. '87 *Co-Chair*
Bradley K. Weisner, M.D. '85 *Co-Chair*
New Hanover County
John M. Herion, M.D. '83 *Chair*
Wake County
H. Clifton Patterson III, M.D. '74

Reunion Campaigns

Class of 1945
John R. Pender III, M.D. *Chair*
G. Robert Clutts, M.D.
A. Robert Cordell, M.D.

Class of 1950
John A. Kirkland, M.D. *Chair*
Frederick O. Bowman, Jr., M.D.
W. Grimes Byerly, Jr., M.D.
Elwood B. Coley, M.D.
John T. Dees, M.D.
Laurence B. Leinbach, M.D.
John L. McCain, M.D.
Lewis S. Thorp, Jr. M.D.
Charles R. Vernon, M.D.
John L. Watters, M.D.

Class of 1955
John W. Foust, M.D. *Chair*
Harvey Adams, M.D.
Julian S. Albergotti, Jr., M.D.
Robert G. Brame, M.D.
Ralph E. Brooks, Jr., M.D.
Walter E. Deyton, M.D.
Presley Z. Dunn, Jr., M.D.
J. Eugene Glenn, M.D.
Ira D. Godwin, M.D.
James W. Hayes III, M.D.
Charles L. Herring, M.D.
William D. Huffines, M.D.
Samuel G. Jenkins, Jr., M.D.
Samuel B. Joyner, M.D.
A. Smith Lineberger, Jr., M.D.
William L. London IV, M.D.
Lloyd C. McCaskill, M.D.
Andrew C. Miller III, M.D.
J. Thaddeus Monroe, Jr., M.D.
G. Irvin Richardson, M.D.
C. William Rogers, M.D.
Robert L. Summerlin, Jr., M.D.
G. Reginald, Jr., M.D.

Class of 1960
Elliott Solomon, M.D. *Chair*
Jefferson D. Bulla III, M.D.
John R. Dykers, Jr., M.D.
Gerald W. Fernald, M.D.
Robert H. Hackler III, M.D.
James R. Harper, M.D.
Falls L. Harris, M.D.
E. Carwile LeRoy, M.D.
J. Gray McAllister III, M.D.
K. Franklin McCain, M.D.
William N. Michal, Jr., M.D.
Cecil H. Neville, Jr., M.D.
Duncan S. Owen, Jr., M.D.
Robert B. Payne, M.D.
Jerry M. Petty, M.D.
Jean R. Poirier, M.D.
Elizabeth V. Raft, M.D.
Hilliard F. Seigler, M.D.
Robert F. Sloop, Jr., M.D.
John C. Tayloe, M.D.
P. Burt Veazey, M.D.

Class of 1965
William F. Sayers, M.D. *Chair*
James O. Burke, Jr., M.D.
Takey Crist, M.D.
Robert V. Fulk, Jr., M.D.
Charles P. Graham, Jr., M.D.
Alexander C. Hattaway III, M.D.
Howard Holderness, Jr., M.D.
Joe P. Hurt, M.D., Ph.D.
Richard E. Lassiter, M.D.
Gordon B. LeGrand, M.D.
John B. Shinn, M.D.
Williamson B. Strum, M.D.

Class of 1970
David A. Rendleman III, M.D. *Chair*
H. Clifford Baggett, Jr., M.D.
Jerry C. Bernstein, M.D.
Daniel L. Crocker, Jr., M.D.
Charles E. Crumley, M.D.
H. Shelton Earp III, M.D.
James O. Goodwin, M.D.
C. Bryan Koon, Jr., M.D.
Edward A. Norfleet, M.D.
T. Reed Underhill, M.D.

Class of 1975
Hoke D. Pollock, M.D. *Chair*
Julian C. Brantley III, M.D.
Samuel L. Bridgers II, M.D.
Dallas C. Craven, Jr., M.D.
Richard F. Fox, M.D.
Donald G. Gregg, M.D.
Thomas Higgins, M.D.
David S. Lennon, M.D.
Howard A. McMahan, M.D.
Michael W. Meriwether, M.D.
Frank H. Morets, M.D.
Dan A. Myers, M.D.
W. Ronald Neal, M.D.
Marshall H. Odom, M.D.
Charles J. Parker, M.D.
H. Worth Parker, M.D.
James E. Peacock, Jr., M.D.
Wanda L. Radford, M.D.
Carol B. Teutsch, M.D.
E. Brooks Wilkins, M.D.
Kenneth H. Winter, M.D.

Class of 1980
Sandra K. Haigler, M.D. *Chair*

Class of 1985
James W. Lederer, Jr., M.D. *Chair*
Bernard T. Eaton, M.D.
Margaret K. Fikrig, M.D.
Catherine G. Fuller, M.D.
Susan C. Hadler, M.D.
David V. Janeway, M.D.
Margaret G. Johnson, M.D.
Peter M. Jordan, M.D.
Theodore C. Kerner, Jr., M.D.
John A. Kirkland, Jr., M.D.
James E. Manning, M.D.
Terry A. Morrow, M.D.
Joel E. Schneider, M.D.
S. Patrick Stuart, Jr., M.D.
Sherrie E. Zweig, M.D.

Class of 1990
John E. Barkley, M.D. *Chair*
John T. Atkins III, M.D.
Benita F. Banks, M.D.
L. Lorraine Basnight, M.D.
Elizabeth D. Bell, M.D.
W. Lee Bell, M.D.
Catherine L. Cooper, M.D.
William De Araujo, M.D.
Mark T. Hooten, M.D.
Harrison A. Latimer, M.D.
Lori B. Lilley, M.D.
Gary B. Loden, M.D.
Wanda K. Nicholson, M.D.
Crystal J. Pettiford-Yeldell, M.D.
Eugenia B. Smith, M.D.
Murphy F. Townsend III, M.D.
Anne M. Traynor, M.D.
Craig Wierum, M.D.
John H. Wood, M.D.
Mark W. Zimmerman, M.D.

Class of 2000
Stuart M. Hardy, M.D. *Co-Chair*
Shawn B. Hocker, M.D. *Co-Chair*
Christopher G. Brown
Troy A. Bunting, M.D.
Kelli G. Coop, M.D.
Timothy W. Dancy, M.D.
Cescili A. Drake, M.D.
Leslie R. Ellis, M.D.
Sonja T. France, M.D.
S. Brett Heavner
Tracy P. Jackson, M.D.
Kevin M. Lee, M.D.
Kimberly S. Levin, M.D.
Susan L. Marcelli, M.D.
Justin A. Mutch, M.D.
Stephen W. North, M.D.
Nerissa M. Price, M.D.
Douglas D. Rockacy, M.D.
Karen B. Stitzenberg, M.D.
Taylor H. Stroud, M.D.

Report to Donors

Dear Medical School Alumnus:

It is with sincere thanks and appreciation that I report to you that fiscal year 1999-2000 (July-June) was another record-setting year for alumni giving to the UNC School of Medicine and UNC Hospitals.

Almost 50 percent of medical alumni nationally contributed a total of $2.2 million to benefit UNC School of Medicine and UNC Hospitals. Of this amount, $1,510,000 was restricted to support much-needed professorships, fellowships, lectureships and other important programs.

The remaining $690,000 was contributed by 39 percent of all alumni to the Loyalty Fund, the unrestricted fund that provides support where no other funding sources are available. It would take an endowment of $14 million to generate an annual income of $690,000. This illustrates the significance of alumni support in the life of the UNC School of Medicine.

The listing that follows includes the names of all alumni who made contributions to any Medical Foundation account between July 1, 1999 and June 30, 2000. Names in bold type recognize alumni who contributed at the $1,000 level or above. Names in italics recognize alumni who gave $10,000 or more.

Continued alumni participation in the Loyalty Fund Campaign plays a pivotal role in helping to determine the quality of programs that the UNC School of Medicine is able to offer it's students and faculty each year. Thank you again for your generous support of all programs at your alma mater.

Sincerely,

Jane M McNeer

Jane M. McNeer, Assistant Dean and Vice President, The Medical Foundation of North Carolina, Inc.

P.S. Please notify The Medical Foundation at (800) 962-2543 of any corrections to this list. We have made every effort for accuracy.

Honor Roll Of Alumni Donors
1999-2000

$1,000-$9,999 donors are printed in bold. $10,000 or more are printed in bold italics.

CLASS OF 1925
Number in Class: 2
Percent Donors: 50.0%
Herman F. Easom, M.D., Wilson, NC

CLASS OF 1929
Number in Class: 2
Percent Donors: 50.0%
Vance T. Alexander, M.D., Davidson, NC

CLASS OF 1931
Number in Class: 8
Percent Donors: 25.0%
Ralph B. Garrison, M.D., Hamlet, NC
J. A. Whitaker, M.D., Rocky Mount, NC

CLASS OF 1932
Number in Class: 5
Percent Donors: 20.0%
George P. Rosemond, M.D., Lancaster, PA

CLASS OF 1934
Number in Class: 4
Percent Donors: 50.0%
William B. Patterson, M.D., Wailuku, HI
Jean R. Stifler, M.D., Chapel Hill, NC

CLASS OF 1935
Number in Class: 4
Percent Donors: 25.0%
Julien H. Meyer, M.D., Roanoke, VA

CLASS OF 1936
Number in Class: 12
Percent Donors: 25.0%
Landis P. Mitchell, M.D., Spindale, NC
Laura R. Venning, M.D., Chapel Hill, NC
Annie Louise Wilkerson, M.D., Raleigh, NC

CLASS OF 1937
Number in Class: 5
Percent Donors: 20.0%
W. Skellie Hunt, Jr., M.D., Wilmington, NC

CLASS OF 1939
Number in Class: 11
Percent Donors: 36.4%
Jesse B. Caldwell, Jr., M.D., Gastonia, NC
Henry T. Clark, Jr., M.D., Chapel Hill, NC
Edwin A. Rasberry, Jr., M.D., Wilson, NC
Pearl H. Scholz, M.D., Baltimore, MD

CLASS OF 1940
Number in Class: 23
Percent Donors: 39.1%
Inez W. Elrod, M.D., Charlotte, NC
John B. Graham, M.D., Chapel Hill, NC
Henry C. Guynes, Jr., M.D., Rockwall, TX
Joseph W. Kahn, M.D., Franklin, NC
Robert E. Kirkman, M.D., Key Biscayne, FL
French H. McCain, M.D., Bloomfield Hills, MI
George B. Patrick, Jr., M.D., Silver Spring, MD
John L. Ranson, Jr., M.D., Charlotte, NC
John H. Woltz, M.D., Charlotte, NC

CLASS OF 1941
Number in Class: 15
Percent Donors: 33.3%
Robert M. Hall, M.D., Raleigh, NC
Jack Hughes, M.D., Durham, NC
Claude Lowry Pressly, M.D., Charlotte, NC
Carlton G. Watkins, M.D., Charlotte, NC
Ernest H. Yelton, M.D., Rutherfordton, NC

CLASS OF 1942
Number in Class: 23
Percent Donors: 26.1%
Jerry H. Allen, M.D., Springfield, MO
Frederick A. Blount, M.D., Winston-Salem, NC
John B. McDevitt, M.D., New York, NY
George W. Plonk, M.D., Kings Mountain, NC
William Tenenblatt, M.D., Lake Worth, FL
R. B. Williams, Jr., M.D., Wilmington, NC

CLASS OF 1943
Number in Class: 45
Percent Donors: 24.4%
James R. Collett, M.D., Morganton, NC
John C. Foushee, M.D., Sanford, NC
William N. Hubbard, Jr., M.D., Hickory Corners, MI
William E. Hutson, M.D., Northbrook, IL
Alexander C. Mitchell, M.D., Onchiota, NY
Sarah T. Morrow, M.D., Ph.D., Raleigh, NC
S. Malone Parham, M.D., Henderson, NC
Frank R. Reynolds, M.D., Wilmington, NC
James H. Shell, Jr., M.D., Baltimore, MD
Kenneth W. Wilkins, M.D., Goldsboro, NC
Kenan B. Williams, M.D., Sanford, NC

CLASS OF 1944
Number in Class: 27
Percent Donors: 40.7%
J. Vincent Arey, M.D., Concord, NC
Joseph W. Baggett, M.D., Fayetteville, NC
Hilda H. Bailey, M.D., Salisbury, NC
J. Stuart Gaul, Jr., M.D., Charlotte, NC
J. Baylor Henninger, M.D., Statesville, NC
Francis P. King, Sr., M.D., New Bern, NC
Isaac V. Manly, M.D., Raleigh, NC
Charles A. Speas Phillips, M.D., Southern Pines, NC
J. Mitchell Sorrow, Jr., M.D., Chapel Hill, NC
Charles W. Tillett, M.D., Charlotte, NC
J. Taylor Vernon, M.D., Morganton, NC

CLASS OF 1945
Number in Class: 24
Percent Donors: 41.7%

G. Walker Blair, Jr., M.D., Burlington, NC
G. Robert Clutts, M.D., Greensboro, NC
A. Robert Cordell, M.D., Winston-Salem, NC
J. Hicks Corey, Jr., M.D., Chattanooga, TN
Courtney D. Egerton, Jr., M.D., Asheville, NC
Grafton C. Fanney, Jr., M.D., Bonita Springs, FL
Harold L. Godwin, M.D., Fayetteville, NC
Ben M. Gold, M.D., Rocky Mount, NC
Kirby T. Hart, Jr., M.D., Petersburg, VA
Edward R. Hipp, Jr., M.D., Charlotte, NC
Weldon H. Jordan, M.D., Fayetteville, NC
David Josephs, M.D., Baltimore, MD
John H. Monroe, M.D., Winston-Salem, NC
John R. Pender III, M.D., Charlotte, NC
Roger A. Smith III, M.D., San Bernadino, CA
Clifton F. West, Jr., M.D., Chestertown, MD

CLASS OF 1946
Number in Class: 27
Percent Donors: 55.6%
Ira A. Abrahamson, Jr., M.D., Cincinnati, OH
Jules Amer, M.D., Denver, CO
Walter C. Barnes, Jr., M.D., Texarkana, TX
Crowell T. Daniel, Jr., M.D., Fayetteville, NC
William W. Forrest, M.D., Greensboro, NC
Mary Alice V. Fox, M.D., Mount Desert, ME
G. Denman Hammond, M.D., Pasadena, CA
Robert S. Lackey, M.D., Charlotte, NC
William E. Sheely, M.D., Alexandria, VA
H. Frank Starr, Jr., M.D., Greensboro, NC
David G. Stroup, M.D., Savannah, GA
Arthur R. Summerlin, Jr., M.D., Raleigh, NC
James T. Welborn, M.D., Lexington, NC
John E. Weyher, Jr., M.D., Wilmington, NC
Thomas E. Whitaker II, M.D., Greenville, SC

CLASS OF 1947
Number in Class: 15
Percent Donors: 13.3%
Harry G. Walker, M.D., Statesville, NC
Sarah L. Warren, M.D., Chapel Hill, NC

CLASS OF 1948
Number in Class: 26
Percent Donors: 34.6%
Robert R. Aycock, M.D., Saint Helena, CA
Verna Y. Barefoot, M.D., New Bern, NC
William S. Cheek, Sr., M.D., Spartanburg, SC
Tyndall P. Harris, M.D., Chapel Hill, NC
Edwin P. Hiatt, M.D., Wilmington, OH
Louis T. Kermon, M.D., Raleigh, NC
Julius A. MacKie, Jr., M.D., Bryn Mawr, PA
Shirley L. Rivers, M.D., Tucson, AZ
Daniel T. Young, M.D., Chapel Hill, NC

CLASS OF 1949
Number in Class: 37
Percent Donors: 32.4%
J. Dewey Dorsett, Jr., M.D., Charlotte, NC
Christopher C. Fordham III, M.D., Chapel Hill, NC
John M. Gambill, M.D., Elkin, NC
F. Sidney Gardner, Jr., M.D., Fayetteville, NC
Odell C. Kimbrell, Jr., M.D., Raleigh, NC
Spinks H. Marsh, M.D., Minneapolis, MN
Edward B. McKenzie, M.D., Statesville, NC
Charles F. Melchor, Jr., M.D., Myrtle Beach, SC
Edwin W. Monroe, M.D., Greenville, NC
Robert B. Pennington, M.D., Middletown, CT
Rose Pully, M.D., Kinston, NC
Jonathan S. Swift, M.D., Big Canoe, GA

CLASS OF 1950
Number in Class: 41
Percent Donors: 70.7%
Gertrude A. Bales, M.D., Rochester, NY
Frederick O. Bowman, Jr., M.D., Chapel Hill, NC
W. Grimes Byerly, Jr., M.D., Hickory, NC
Jack O. Carson, M.D., Grifton, NC
Elwood B. Coley, M.D., Lumberton, NC
John T. Dees, M.D., Bald Head Island, NC
Buel K. Grow, Jr., M.D., Belle Meade, NJ
William B. Harris, M.D., Carlsbad, CA
Joel B. Huneycutt, M.D., Lake Wylie, SC
Harold H. Jeter, Jr., M.D., Wilmington, NC
George Johnson, Jr., M.D., Chapel Hill, NC
Harvey W. Johnston, M.D., Charlotte, NC
William S. Joyner, M.D., Durham, NC
John A. Kirkland, M.D., Wilson, NC
Laurence B. Leinbach, M.D., Winston-Salem, NC
Dan A. Martin, M.D., Madisonville, KY
John L. McCain, M.D., Wilson, NC
Glenn D. Moak, M.D., Indianapolis, IN
James F. Morris, M.D., Goldsboro, NC
James H. Peedin, Jr., M.D., Burgaw, NC
J. Olin Perritt, Jr., M.D., Wilmington, NC
John W. Sawyer, M.D., Wilmington, NC
Eugene B. Sharpe, M.D., Asheville, NC
Lewis S. Thorp, Jr., M.D., Rocky Mount, NC
John F. Trotter, M.D., Atlanta, GA
Belk C. Troutman, M.D., Grifton, NC
Charles R. Vernon, M.D., Wrightsville, NC
John L. Watters, M.D., Raleigh, NC
John R. Wilkinson, Jr., M.D., Hickory, NC

CLASS OF 1951
Number in Class: 40
Percent Donors: 22.5%
Luther L. Anthony, Jr., M.D., Gastonia, NC
John S. Barlow, M.D., Concord, MA
William B. Blythe II, M.D., Chapel Hill, NC
Baxter H. Byerly, M.D., Tallahassee, FL
A. James Coppridge, M.D., Durham, NC
Karl L. Lawing, M.D., Lincolnton, NC
Murdoch R. McKeithen, M.D., Laurinburg, NC
Luther W. Oehlbeck, Jr., M.D., Muse, FL
John K. Pearson, M.D., Apex, NC

CLASS OF 1952
Number in Class: 6
Percent Donors: 33.3%
David L. Collins, Jr., M.D., Concord, NC
Charles H. Powell, M.D., Ormond Beach, FL

CLASS OF 1954
Number in Class: 34
Percent Donors: 47.1%
Leland S. Averett, Jr., M.D., High Point, NC
Paul H. Brigman, M.D., Trinity, NC
A. Joseph Diab, M.D., Raleigh, NC
Malcolm Fleishman, M.D., Fayetteville, NC
Charles B. Fulghum, Jr., M.D., Atlanta, GA
J. Franklin Graves, M.D., Mt. Pleasant, SC
Robert S. Jones, M.D., Shelby, NC
James C. Parke, Jr., M.D., Charlotte, NC
Cornelius T. Partrick, M.D., Washington, NC
Ely J. Perry, Jr., M.D., Kinston, NC
Allen Spencer, M.D., Salisbury, NC
Nat H. Swann, Jr., M.D., Signal Mountain, TN
H. Durwood Tyndall, M.D., Goldsboro, NC
William H. Weinel, Jr., M.D., Wilmington, NC
Virgil A. Wilson, M.D., Winston-Salem, NC
A. Donald Wolff, M.D., Clemmons, NC

CLASS OF 1955
Number in Class: 51
Percent Donors: 88.2%
Henry W. Aberuethy, M.D., Hickory, NC
Harvey Adams, M.D., Asheboro, NC
Julian S. Albergotti, Jr., M.D., Charlotte, NC
George W. Barnard, Sr., M.D., Gainesville, FL
Robert G. Brame, M.D., Charlotte, NC
Ralph E. Brooks, Jr., M.D., High Point, NC
E. Ted Chandler, M.D., Thomasville, NC
Walter E. Deyton, M.D., Danville, VA
Griggs C. Dickson, M.D., Charlotte, NC
Presley Z. Dunn, Jr., M.D., Greensboro, NC
Charles F. Eddinger, M.D., Spencer, NC
John W. Foust, M.D., Charlotte, NC
John W. Gainey, Jr., M.D., Newport, NC
J. Eugene Glenn, M.D., Jacksonville, FL
Ira D. Godwin, M.D., Fairfax, VA
Robert L. Golby, M.D. and Mary B. Golby, M.D., Durham, NC
James W. Hayes III, M.D., Burlington, NC
Charles L. Herriog, M.D., Kinston, NC
William D. Huffines, M.D., Chapel Hill, NC
Vernon L. James, Jr., M.D., Fair Oaks Ranch, TX
Samuel G. Jenkins, Jr., M.D., Elizabeth City, NC
Robert C. Jordan, Jr., M.D., Sanford, NC
Samuel B. Joyner, M.D., Greensboro, NC
James L. Lamm, M.D., San Francisco, CA
A. Smith Lineberger, Jr., M.D., Wilmington, NC
William L. London IV, M.D., Durham, NC
Lloyd C. McCaskill, M.D., Maxton, NC
Clarence R. McLain, Jr., M.D., Cincinnati, OH
Andrew C. Miller III, M.D., Gastonia, NC
J. Thaddeus Monroe, Jr., M.D., Chapel Hill, NC
Thomas P. Moore, M.D., Jacksonville, NC
Frank C. Morrison, Jr., M.D., Canton, NC
G. Irvin Richardson, M.D., Reidsville, NC
Harold R. Roberts, M.D., Chapel Hill, NC
Oliver F. Roddey, Jr., M.D., Charlotte, NC
C. William Rogers, M.D., Lebanon, TN
William C. Ruffin, Jr., M.D., Boca Grande, FL
Palmer F. Shelburne, M.D., Greensboro, NC
Henry L. Stephenson, Jr., M.D., Washington, NC
Robert L. Summerlin, Jr., M.D., Dublin, NC
G. Reginald Tucker, Jr., M.D., Emerald Isle, NC
William J. Waddell, M.D., Prospect, KY
W. Wallace White, M.D., Cincinnati, OH
William H. White, Jr., M.D., Gainesville, GA

CLASS OF 1956
Number in Class: 50
Percent Donors: 44.0%
Wade M. Brannan, M.D., Port Arthur, TX
John W. Deyton, Jr., M.D., Jacksonville, NC
William E. Easterling, Jr., M.D., Chapel Hill, NC
John T. Evans, M.D., Chattanooga, TN
Charles W. Fowler III, M.D., Orlando, FL
Alexander F. Goley, M.D., Burlington, NC
Francis W. Green, M.D., Albemarle, NC
John L. Hazlehurst III, M.D., Asheville, NC
Otis M. Lowry, M.D., Spring Hope, NC
William W. McLendon, M.D., Chapel Hill, NC
J. Doyle Medders, M.D., Raleigh, NC
Robert L. Murray, M.D., Roanoke, VA
John W. Ormand, Jr., M.D., Wilmington, NC
Clifton G. Payne, M.D., Reidsville, NC

Francis D. Pepper, Jr., M.D., Winston-Salem, NC
William R. Purcell, M.D., Laurinburg, NC
James F. Richards, Jr., M.D., Orlando, FL
Thomas C. Suther, Jr., M.D., Jackson Springs, NC
John W. Vassey, M.D., Raleigh, NC
William B. Wood, M.D., Chapel Hill, NC
Leonard S. Woodall, M.D., P.A., Smithfield, NC
Dewey H. Yarley, M.D., Durham, NC

CLASS OF 1957
Number in Class: 50
Percent Donors: 44.0%
H. John Bradley, Jr., M.D., Greensboro, NC
James R. Clapp, M.D., Durham, NC
Robert S. Cline, M.D., Sanford, NC
Luther H. Clontz, M.D., Morganton, NC
William P. Cornell, M.D., Phoenix, AZ
George S. Edwards, Sr., M.D., Raleigh, NC
John K. Farrington, M.D., High Point, NC
J. Grayson Hall, M.D., Mount Airy, NC
Bennett A. Hayes, Jr., M.D., Fayetteville, NC
Jack B. Hobson, M.D., Charlotte, NC
J. Paul Hurst, Jr., M.D., Rydal, PA
George L. Irvin III, M.D., Coral Gables, FL
Richard V. Liles, Jr., M.D., Albemarle, NC
H. Maxwell Morrison, Jr., M.D., Southern Pines, NC
Harvey A. Page, M.D., Pikeville, KY
Raeford T. Pugh, M.D., Washington, NC
James N. Slade, M.D., Edenton, NC
Nathaniel L. Sparrow, M.D., Raleigh, NC
James H. M. Thorp, M.D., Rocky Mount, NC
Earl P. Welch, Jr., M.D., Winston-Salem, NC
Robert T. Whitlock, M.D., Easton, MD
Dr. Benson R. and Mrs. Lucinda Holderness Wilcox, Chapel Hill, NC

CLASS OF 1958
Number in Class: 50
Percent Donors: 38.0%
James T. Alley, M.D., Macon, GA
Clarence A. Bailey, Jr., M.D., Durham, NC
John I. Brooks, Jr., M.D., Tarboro, NC
Maurice L. Canaday, M.D., Lincolnton, NC
M. Paul Capp, M.D., Tucson, AZ
David B. Crosland, M.D., Mt. Pleasant, NC
James R. Edwards, M.D., Raleigh, NC
George E. Ennis, M.D., Hickory, NC
Nancy P. Fawcett, M.D., Pembroke Pines, FL
Thomas M. Haizlip, M.D., Raleigh, NC
John S. Howie, M.D., Raleigh, NC
Walter N. Long, Jr., M.D., Taylorsville, NC
Charles T. Macy, M.D., Lansdale, PA
John A. McGee, Jr., M.D., Charlotte, NC
Luther S. Nelson, M.D., Amarillo, TX
T. Lane Ormand, M.D., Monroe, NC
J. Richard Patterson, M.D., Danville, VA
Charles W. Stout, M.D., Asheboro, NC
Paul M. Weeks, M.D., Chapel Hill, NC

CLASS OF 1959
Number in Class: 48
Percent Donors: 41.7%
Doris B. Braxton, M.D., Burlington, NC
Robert C. Brown, M.D., Chapel Hill, NC
Daniel Whitaker Davis, M.D., Wadesboro, NC
A. Eugene Douglas, Jr., M.D., Bald Head Island, NC
Otis N. Fisher, Jr., M.D., Greensboro, NC
George W. Gentry, Jr., M.D., Roxboro, NC
Joel S. Goodwin, M.D., Salisbury, NC
Robert L. Green, Sr., M.D., Winston-Salem, NC
O. James Hart, Jr., M.D., Mocksville, NC
A. Tyson Jennette, M.D., Wilson, NC
Morris A. Jones, Jr., M.D., Chapel Hill, NC
David L. Kelly, Jr., M.D., Winston-Salem, NC
Robert P. Linker, M.D., Charleston, SC
Wilfred D. Little, Jr., M.D., Ana Maria, FL
Edward L. Mitchell, M.D., Prospect, KY
A. Sherman Morris, Jr., M.D., Asheville, NC
Julian W. Selig, Jr., M.D., Elizabeth City, NC
Shahane R. Taylor, Jr., M.D., Greensboro, NC
Charles E. Trado, Jr., M.D., Hickory, NC
C. Carl Warren, Jr., M.D., Charlotte, NC

CLASS OF 1960
Number in Class: 63
Percent Donors: 60.3%
William B. Abernethy, Jr., M.D., Gastonia, NC
Leo R. Anderson, M.D., Corona Del Mar, CA
Ralph L. Bentley, M.D., Statesville, NC
James A. Campbell, M.D., Charlotte, NC
John R. Curtis, M.D., Athens, GA
John R. Dykers, Jr., M.D., Siler City, NC
Charles P. Eldridge, Jr., M.D., Houston, TX
Gerald W. Fernald, M.D., Chapel Hill, NC
Charles E. Fitzgerald, Jr., M.D., Maitland, FL
J. Thomas Fox, Jr., M.D., Valle Crucis, NC
David B. Garmise, M.D., Bluffton, SC
Robert H. Hackler III, M.D., Richmond, VA
James R. Harper, M.D., Durham, NC
Charles W. Harris, M.D., Charlotte, NC
Falls L. Harris, M.D., Greenville, SC
G. Wycliffe Hoffler, M.D., Titusville, FL
L. Gordon Kirschner, M.D., Washington, DC
E. Carwile LeRoy, M.D., Charleston, SC
James G. Mann, M.D., Golden, CO
James M. Marlowe, M.D., High Point, NC
J. Gray McAllister III, M.D., Chapel Hill, NC
K. Franklin McCain, M.D., Winston-Salem, NC
William N. Michal, Jr., M.D., High Point, NC
Cecil H. Neville, Jr., M.D., Pinehurst, NC
Duncan S. Owen, Jr., M.D., Richmond, VA
Robert B. Payne, M.D., Mooresville, NC
Jerry M. Petty, M.D., Charlotte, NC
Jean R. Poirier, M.D., Frederick, MD
Elizabeth V. Raft, M.D., Durham, NC
Charles W. Robinson III, M.D., San Antonio, TX
Hilliard F. Seigler, M.D., Durham, NC
Robert F. Sloop, Jr., M.D., Wilson, NC
Elliott Solomon, M.D., Rye Brook, NY
G. Thomas Strickland, Jr., M.D., Baltimore, MD
John C. Tayloe, M.D., New Bern, NC
P. Burt Veazey, M.D., Sarasota, FL
Kenneth Weaver, M.D., Jonesborough, TN
John J. White, Jr., M.D., Winston-Salem, NC

CLASS OF 1961
Number in Class: 50
Percent Donors: 52.0%
E. Stanley Avery, Jr., M.D., Norfolk, VA
H. David Bruton, M.D., Carthage, NC
Cosmo A. Difazio, M.D., Ph.D., Charlottesville, VA
John W. Garden, M.D., Lexington, KY
William S. Gibson, Jr., M.D., Riverside, PA
John C. Graham, Jr., M.D., Kitty Hawk, NC
L. Morgan Hale, M.D., Chapel Hill, NC
Richard W. Hudson, M.D., Bayboro, NC
William H. Kouri, M.D., Isle of Palms, SC
Zell A. McGee, M.D., Salt Lake City, UT
W. Stacy Miller, M.D., Raleigh, NC
William W. Morgan, Jr., M.D., Reno, NV
A. Ray Newsome, M.D., Winston-Salem, NC
C. Rex O'Briant, M.D., Gilbert, AZ
William L. Owens, M.D., Clinton, NC
Cecil H. Rand, Jr., M.D., Greenville, NC
Leonard E. Reaves III, M.D., South Brunswick, NC
James H. Robinson, M.D., Wilmington, NC
W. Ray Samuels, M.D., Kiawah Island, SC
Edward A. Sharpless, M.D. and Martha K. Sharpless, M.D., Greensboro, NC
W. Ferrell Shuford, Jr., M.D., Wilmington, NC
Joshua Tayloe, M.D., Washington, NC
Zebulon Weaver III, M.D., Asheville, NC
Donn A. Wells, M.D., Sea Ranch Lakes, FL
William H. White, Jr., M.D., Sanford, NC

CLASS OF 1962
Number in Class: 52
Percent Donors: 42.3%
Karl L. Barkley, M.D., Greensboro, NC
William S. Bost, Jr., M.D., Greenville, NC
Joseph H. Callicott, Jr., M.D., Lynchburg, VA
Lawrence M. Cutchin, M.D., Tarboro, NC
Jerry J. Eller, M.D., Livingston, AL
Marion W. Griffin, M.D., Asheboro, NC
Frederick D. Hamrick III, M.D., Lynchburg, VA
H. Gerald Hartzog III, M.D., Raleigh, NC
Ray M. Hayworth, M.D., Knoxville, TN
Charles M. Hicks, M.D., Wilmington, NC
J. Newton MacCormack, M.D., Raleigh, NC
John L. Monroe, M.D., West End, NC
Kenny J. Morris, M.D., Wilmington, NC
William A. Nebel, M.D., Chapel Hill, NC
W. Gordon Peacock, M.D., San Francisco, CA
Carl S. Phipps, M.D., Winston-Salem, NC
Alton A. Reeder, M.D., High Point, NC
Lambros C. Rigas, M.D., Rome, GA
D. Emerson Scarborough, Jr., M.D., Raleigh, NC
Fuller A. Shuford, M.D., Asheville, NC
Miriam E. Smith, M.D., Decatur, GA
Roy V. Varner, M.D., Houston, TX

CLASS OF 1963
Number in Class: 52
Percent Donors: 40.4%
William P. Algary, M.D., Greenville, SC
Neil C. Bender, M.D., New Bern, NC
W. Paul Biggers, M.D., Chapel Hill, NC
I. Kelman Cohen, M.D., Richmond, VA
John W. Dalton, Jr., M.D., Santa Monica, CA
Dave M. Davis, M.D., Atlanta, GA
William B. Deal, M.D., Birmingham, AL
J. Michael Gallagher, M.D., Seattle, WA
Ira M. Hardy II, M.D., Greenville, NC
William O. Jolly III, M.D., Albemarle, NC
Charles I. Loftin III, M.D., Roanoke, VA
J. M. McLean, M.D., Peoria, IL
Eugene W. Pate, Jr., M.D., Kinston, NC
Charles J. Sawyer III, M.D., Ahoskie, NC
Samuel E. Scott, M.D., Burlington, NC
Richard W. Shermer, M.D., Chapel Hill, NC
David W. Sillmon, M.D., Greensboro, NC
Jerry A. Smith, M.D., Memphis, TN
W. Landis Voigt, M.D., Edenton, NC
Roy A. Weaver, M.D., Fayetteville, NC
David R. Williams, Sr., M.D., Thomasville, NC

CLASS OF 1964
Number in Class: 54
Percent Donors: 25.9%
J. Nichols Beard, M.D., Charlotte, NC

Harry L. Broome, M.D., Alpharetta, GA
John R. Cella, M.D., Raleigh, NC
Roy L. Curry, Jr., M.D., San Francisco, CA
James F. Earnhardt, M.D., Winston-Salem, NC
G. Patrick Henderson, Jr., M.D., Southern Pines, NC
E. Carmack Holmes, Jr., M.D., Pacific Palisades, CA
D. Charles Hunsinger, M.D., Kinston, NC
E. Woodrow Hunt, Jr., M.D., La Jolla, CA
W. Kirby Kilpatrick, Jr, M.D., Pinehurst, NC
Noel B. McDevitt, M.D., Southern Pines, NC
Artus M. Moser, Jr., M.D., Swannanoa, NC
Marshall E. Redding, M.D., Long Beach, CA
James W. Rose, Jr., M.D., Madison, WI

CLASS OF 1965
Number in Class: 57
Percent Donors: 42.1%
G. William Bates, M.D., Brentwood, TN
Hal F. Collier, M.D., Flowery Branch, GA
Takey Crist, M.D., Jacksonville, NC
Robert V. Fulk, Jr., M.D., Wilmington, NC
Edgar G. Gallagher, Jr., M.D., Jacksonville, NC
Marvin R. Goldstein, M.D., Scottsdale, AZ
Robert L. Grubb, Jr., M.D., Glendale, MO
Joe W. Hardison, M.D., Fayetteville, NC
Alexander C. Hattaway III, M.D., Raleigh, NC
David C. Hefelfinger, M.D., Tuscaloosa, AL
Howard Holderness, Jr., M.D., Greensboro, NC
Joe P. Hurt, M.D., Ph.D., Sylva, NC
Bernard R. Jack, M.D., Azle, TX
Robert T. Kindley, M.D., Mary Esther, FL
Richard E. Lassiter, M.D., Chapel Hill, NC
Gordon B. LeGrand, M.D., Raleigh, NC
Sue E. Massey, M.D., Scotts Valley, CA
William D. McLester, M.D., Ph.D., Fayetteville, NC
Donald D. McNeill, Jr., M.D., Lenoir, NC
Llewellyn Phillips II, M.D., Renton, WA
Thomas L. Presson, M.D., Greensboro, NC
William F. Sayers, M.D., Winston-Salem, NC
Evin H. Sides III, M.D., Raleigh, NC
Willis H. Williams, M.D., Atlanta, GA

CLASS OF 1966
Number in Class: 63
Percent Donors: 49.2%
J. Curtis Abell, M.D., Statesville, NC
Robert P. Barringer, M.D., Gastonia, NC
Robert H. Bilbro, M.D., Raleigh, NC
Timothy E. Clonniger, M.D., Charlotte, NC
George W. Cox, M.D., Atlanta, GA
William M. Crutchfield, M.D., Elizabeth City, NC
Philip C. Deaton, M.D., Greensboro, NC
Edgar C. Garrabrant II, M.D., Raleigh, NC
Robert C. Gibson III, M.D., Portland, OR
Carol H. Hackett, M.D., Mercer Island, WA
Lawrence D. Henry, M.D., Jefferson City, MO
Howard T. Hinshaw, M.D., Charlotte, NC
N. Neil Howell, M.D., Charlotte, NC
William C. Hubbard, M.D., Raleigh, NC
Hugh A. McAllister, Jr., M.D., Houston, TX
Edgar M. McGee, M.D., Lexington, KY
Duncan Morton, Jr., M.D., Charlotte, NC
Hugh G. Murray, Jr., M.D., Atlanta, GA
R. Kenneth Pons, M.D., Medford, OR
James A. Pressly, M.D., Charlotte, NC
Surry P. Roberts, M.D., Raleigh, NC
Charles K. Scott, M.D., Haw River, NC
Robert E. Sevier, M.D., Greensboro, NC
J. Lewis Sigmon, Jr., M.D., Davidson, NC
H. Lee Smyre, M.D., Greer, SC
E. Walker Stevens, Jr., M.D., Greensboro, NC
W. Beverly Tucker III, M.D., Henderson, NC
W. Hunter Vaughan, M.D., Steubenville, OH
James H. Whicker, M.D., Raleigh, NC
John A. Young, M.D., Charlotte, NC
James A. Yount, M.D., Charlotte, NC

CLASS OF 1967
Number in Class: 67
Percent Donors: 46.3%
F. Walton Avery, M.D., Chapel Hill, NC
Rudy W. Barker, M.D., Durham, NC
Gerald W. Blake, M.D., Raleigh, NC
Thomas W. Bundy, M.D., Chambersburg, PA
Joseph M. Craver, M.D., Atlanta, GA
Vartan A. Davidian, Jr., M.D., Raleigh, NC
David A. Evans, M.D., Monroe, NC
R. Donald Garrison, M.D., Jacksonville, FL
Harvey J. Hamrick, M.D., Chapel Hill, NC
E. Franklin Hart, Jr., M.D., Morganton, NC
L. Fuller Honeycutt, Jr., M.D., Raleigh, NC
James D. Hundley, M.D., Wilmington, NC
Scott G. Kleiman, M.D., Marietta, GA
Frank W. Leak, Sr., M.D., Clinton, NC
Hugh T. Lefler, Jr., M.D. and Constance Farthing Lefler, Ph.D, Fort Worth, TX
Robert W. Madry, Jr., M.D., Corpus Christi, TX
W. Jason McDaniel, Jr., M.D., Raleigh, NC
Joseph T. McLamb, M.D., Goldsboro, NC
Donald H. McQueen III, M.D., Rock Hill, SC
Rudolph I. Mintz, Jr., M.D., Kinston, NC
Harold B. Owens, M.D., Danville, VA
H. Richard Parker, Jr., M.D., Greensboro, NC
Gerald Pelletier, Jr., M.D., New Bern, NC
Albert L. Roper II, M.D., Norfolk, VA
Douglas M. Russell, M.D., Goldsboro, NC
Walter R. Sabiston, M.D., Kinston, NC
James H. Spruill, M.D., Jackson, TN
Henry C. Thomason, Jr., M.D., Gastonia, NC
Benjamin K. Ward, Jr., M.D., Florence, SC
Barry M. Welborne, M.D., Charlotte, NC

CLASS OF 1968
Number in Class: 62
Percent Donors: 43.5%
Joseph P. Archie, Jr., M.D., Raleigh, NC
George W. Bensch, M.D., Stockton, CA
Lucius Blanchard, Jr., M.D., Las Vegas, NV
Edward W. Davidian, M.D., Chapel Hill, NC
Alan Davidson III, M.D., Greensboro, NC
Terry D. Golden, M.D., Atlanta, GA
Theodora L. Gongaware, M.D., Savannah, GA
Joseph W. Griffin, Jr., M.D., Augusta, GA
W. F. Hancock, Jr., M.D., Burlington, NC
Hoke F. Henderson, Jr., M.D., Columbia, SC
John L. Kirkland III, M.D., Houston, TX
Edward W. Kouri, M.D., Charlotte, NC
Jerold E. Lancourt, M.D., Dallas, TX
Patrick T. Malone, M.D., Roswell, GA
Robert G. Martin, M.D., Southern Pines, NC
Rutherford B. Polhill, Jr., M.D., Birmingham, AL
David M. Rubin, M.D., Greensboro, NC
Carole W. Samuelson, M.D., Birmingham, AL
E. Franklin Shavender, M.D., Durham, NC
Robert B. Shearin, M.D., Rockville, MD
Valerie L. Stallings, M.D., Norfolk, VA
George S. Stretcher, M.D., Spartanburg, SC
William S. Teachey, M.D., Virginia Beach, VA
Robert C. Vanderberry, Jr., M.D., Raleigh, NC
Jerry C. Woodard, M.D., Wilson, NC
Richard H. Wray III, M.D., Morehead City, NC
Stephen W. Young, M.D., Austin, TX

CLASS OF 1969
Number in Class: 64
Percent Donors: 37.5%
P. Eugene Brown, M.D., Hickory, NC
J. Hugh Bryan, M.D., Fayetteville, NC
W. Woodrow Burns, Jr., M.D., Chapel Hill, NC
Don C. Chaplin, M.D., Burlington, NC
R. Samuel Cromartie III, M.D., Ormand Beach, FL
Hugh J. Grant, Jr., M.D., Raleigh, NC
G. Patrick Guiteras, M.D., Chapel Hill, NC
Edward W. Haselden, Jr., M.D., Columbia, SC
J. Thomas John, Jr., M.D., Nashville, TN
Dr. and Mrs. William R. Jordan, Fayetteville, NC
Richard A. Keever, M.D., High Point, NC
Edward H. Lesesne, Jr., M.D., Canton, NC
C. Clement Lucas, Jr., M.D., Larchmont, NY
Henry J. MacDonald, Jr., M.D., New Bern, NC
R. James MacNaughton, Jr., M.D., Greenville, SC
David W. Pearsall, Jr., M.D., Greenville, NC
James S. Powers, M.D., Bethesda, MD
Joseph D. Russell, M.D., Wilson, NC
David S. Sheps, M.D., Gainesville, FL
James W. Snyder, M.D., Wilmington, NC
Karen C. Sorrels, M.D., Midlothian, VA
Franklin T. Tew, M.D., Chapel Hill, NC
John C. Triplett, M.D., M.P.H., Bethesda, MD
Nelson B. Watts, M.D., Atlanta, GA

CLASS OF 1970
Number in Class: 70
Percent Donors: 61.4%
H. Clifford Baggett, Jr., M.D., Rocky Mount, NC
Jerry C. Bernstein, M.D., Raleigh, NC
Robert G. Blair, Jr., M.D. and Pauline M. Blair, M.D., New Bern, NC
William J. Busby, M.D., Thomasville, NC
William E. Byrd, M.D., Roanoke Rapids, NC
Harold H. Cameron, M.D., New Bern, NC
Daniel L. Crocker, Jr., M.D., Rocky Mount, NC
Charles E. Crumley, M.D., Lincolnton, NC
H. Shelton Earp III, M.D. and Joanne Earp, Ph.D., Chapel Hill, NC
Mary H. Edwards, M.D. and David J. Edwards, Ph.D., Pittsburgh, PA
Richard M. Freeman, M.D., Opelika, AL
James O. Goodwin, M.D., Henderson, NC
John E. Hanna, M.D., Sarasota, FL
Joseph M. Harmon, M.D., Mount Pleasant, SC
John F. Hartness, Jr., M.D., Monroe, NC
W. Borden Hooks, Jr., M.D., Mount Airy, NC
Donald D. Howe, M.D., Gastonia, NC
Dr. and Mrs. Mark G. Janis, Seal Beach, CA
James J. Jenkins, M.D., Saint Louis, MO
C. Bryan Koon, Jr., M.D., Durham, NC
Frederick G. Kroncke, Jr., M.D., Rocky Mount, NC
John R. Leonard III, M.D., Greenville, NC
James D. Melton, M.D., Morganton, NC
Michael A. Moore, M.D., Danville, VA
Edward A. Norfleet, M.D., Chapel Hill, NC
L. Christine Oliver, M.D., Brookline, MA
Hoke Pollock, M.D., Wilmington, NC
R. Kirby Primm, M.D., Wenatchee, WA
David A. Rendleman III, M.D., Raleigh, NC
Thomas A. Roberts, Jr., M.D., Charlotte, NC
Subir Roy, M.D., Pasadena, CA

A. Stevens Rubin, Jr., M.D., Chatsworth, CA
James B. Sloan, M.D., Wilmington, NC
Kenneth W. Smithson, M.D., Irving, TX
James D. Smithwick, M.D., Laurinburg, NC
Charles E. Thompson, M.D., New Rochelle, NY
T. Reed Underhill, M.D., New Bern, NC
Ross L. Vaughan, M.D., Raleigh, NC
E. Lance Walker, M.D., Littleton, CO
William J. Weatherly, M.D., Greensboro, NC
H. Grey Winfield III, M.D., Hickory, NC

CLASS OF 1971
Number in Class: 73
Percent Donors: 24.7%
Robert A. Bashford, M.D., Chapel Hill, NC
James S. Coxe III, M.D., Raleigh, NC
James S. Fulghum III, M.D. and Mary Susan Fulghum, M.D., Raleigh, NC
Joe E. Gaddy, Jr., M.D., Winston-Salem, NC
Daniel P. Greenfield, M.D., Short Hills, NJ
Michael R. Knowles, M.D., Chapel Hill, NC
Kathryn R. Kuykendal, Cincinnati, OH
Richard A. Nelson, M.D., Cordova, TN
Frederick S. Neuer, M.D., Emporia, KS
William B. Pittman, M.D., Rocky Mount, NC
R. Randolph Powell, M.D., Fox Point, WI
Charles H. Richman, M.D., Saratoga Springs, NY
Virgil O. Roberson III, M.D., High Point, NC
J. Allison Shivers, M.D., Asheville, NC
Sara H. Sinal, M.D., Winston-Salem, NC
John P. Surratt, M.D., Clinton, NC
George C. Venters, M.D., Raleigh, NC
David K. Wagoner, M.D., Charlotte, NC

CLASS OF 1972
Number in Class: 70
Percent Donors: 37.1%
Henry H. Atkins II, M.D., Hampden, ME
Robert L. Barnes III, M.D., Knoxville, TN
Myron H. Brand, M.D., Madison, CT
Peter R. Bream, M.D., Jacksonville, FL
L. Franklin Cashwell, Jr., M.D., Greensboro, NC
Randolph B. Cooke, M.D., Owego, NY
Cecil M. Farrington, Jr., M.D., Salisbury, NC
Karen W. Green, M.D., Holden, MA
Alger V. Hamrick III, M.D., Raleigh, NC
L. Clayton Harrell III, M.D., Charlotte, NC
Hubert B. Haywood III M.D., Raleigh, NC
F. Christian Heaton, M.D., Raleigh, NC
Larry A. High, Jr., M.D., Rocky Mount, NC
William B. Horn, M.D., Boone, NC
John S. Hughes, M.D., New Haven, CT
Thomas G. Irons, M.D., Greenville, NC
Joseph A. Jackson, M.D., Pilot Mountain, NC
Howard S. Kroop, M.D., Woodbury, NJ
William E. Long, M.D., Newton, NC
John R. Lurain III, M.D., Oak Park, IL
John T. Manning, Jr., M.D., Houston, TX
John R. Partridge, M.D., Midlothian, VA
James S. Reed, M.D., Gig Harbor, WA
J. Frederick Wolfe, M.D., Knoxville, TN
J. Richard Young, M.D., Sherborn, MA

CLASS OF 1973
Number in Class: 81
Percent Donors: 35.8%
Frederic F. Bahnson III, M.D., Brevard, NC
G. Ruffin Benton III, M.D., Brevard, NC
Stephen A. Bernard, M.D., Chapel Hill, NC
Stephen B. Bilbick, M.D., New York, NY
Jesse A. Blackman, M.D., P.A., Fremont, NC
Thomas B. Cannon, M.D., Winston-Salem, NC
Nady M. Cates III, M.D., Chapel Hill, NC
Franklin S. Clark III, M.D., Fayetteville, NC
Lloyd K. Comstock, M.D., Snow Camp, NC
Frank E. Davis III, M.D., Roanoke Rapids, NC
John E. Estes, Jr., M.D., Rocky Mount, NC
E. Ruffin Franklin, Jr., M.D., Raleigh, NC
J. Blake Goslen III, M.D., Charlotte, NC
David A. Grimes, M.D., Chapel Hill, NC
J. Michael Harper, M.D., Charlotte, NC
F. Daniel Jackson, M.D., Cumberland, MD
E. Earl Jenkins, Jr., M.D., Rock Hill, SC
J. Charles Jennette, M.D., Chapel Hill, NC
Dennis R. Johnson, M.D., York, PA
Colin D. Jones, M.D., Ahoskie, NC
James L. Maynard, M.D., Rock Hill, SC
Dale A. Newton, M.D., Greenville, NC
David R. Patterson, M.D., Greensboro, NC
W. McLean Reavis, Jr., M.D., Lakeland, FL
David E. Sharp, M.D., Ph.D., Bear Creek, PA
S. Wayne Smith, M.D., Raleigh, NC
George H. Underwood, Jr., M.D., Honolulu, HI
Robert R. Walther, M.D., New York, NY
William H. Whisnant, M.D., Bristol, TN

CLASS OF 1974
Number in Class: 97
Percent Donors: 33.0%
Robert M. Alsup, M.D., Winston-Salem, NC
Thomas W. Bouldin, M.D., Chapel Hill, NC
W. Griffith Bowen, M.D., St. Louis, MO
Douglas C. Brewer, M.D., Elm City, NC
Donald C. Brown, M.D., Cary, NC
David R. Clemmons, M.D., Chapel Hill, NC
Thomas H. Dukes III, M.D., Charleston, SC
Donna E. Frick, M.D., Chapel Hill, NC
Stephen S. Hawkins, M.D., Hixson, TN
C. Norman Hurwitz, M.D., Fairfield, OH
Joseph M. Jenkins, M.D., Fayetteville, NC
Stephanie L. Kodack, M.D., Austin, TX
John A. Lang III, M.D., Raleigh, NC
Clarence E. Lloyd, Jr., M.D., Greensboro, NC
Sheppard A. McKenzie III, M.D., Raleigh, NC
Clyde Nolan, Jr., M.D., Greensboro, NC
H. Clifton Patterson III, M.D., Raleigh, NC
Harold C. Pollard III, M.D., Winston-Salem, NC
C. Fredrie Reid, M.D., Winston-Salem, NC
Suzanne V. Sauter, M.D., Chapel Hill, NC
Charles W. Smith, Jr., M.D., Little Rock, AR
Roger L. Snow, M.D., Boston, MA
David E. Tart, M.D., Hickory, NC
David T. Tayloe, Jr., M.D., Goldsboro, NC
John W. Thornton III, M.D., Augusta, GA
Larry E. Warren, M.D., Chapel Hill, NC
Charles H. Weiss, M.D., Newton, MA
Kenneth H. Wilson, M.D., Chapel Hill, NC
William G. Wilson, M.D., Charlottesville, VA
Hershel L. Wix, Jr., M.D., Monee, IL
Charles D. Yoder, M.D., Fairview, NC
D. Bryan Young, M.D., Shelby, NC

CLASS OF 1975
Number in Class: 106
Percent Donors: 40.6%
E. Jackson Allison, Jr., M.D., East Syracuse, NY
Bruce A. Berlow, M.D., Mystic, CT
William J. Blackley, M.D., Elkin, NC
Julian C. Brantley III, M.D., Rocky Mount, NC
Julian T. Brantley, Jr., M.D., Vienna, VA
Patrick G. Bray, M.D., Shaker Heights, OH
Samuel L. Bridgers II, M.D., Woodbridge, CT
E. Drew Bridges, M.D., Wake Forest, NC
Cyril S. Dodge, M.D., Vancouver, WA
Benjamin Douglas, M.D., Dillsboro, NC
William H. Edwards, M.D. and Susan T. Edwards, M.D., Norwich, VT
Clarence E. Fogleman III, M.D., Colorado Springs, CO
Richard F. Fox, M.D., Greensboro, NC
Donald G. Gregg, M.D., Greenville, SC
Eric H. Helsabeck, M.D., Asheboro, NC
Ernest F. Krug III, M.D., Rochester, MI
Charles P. Langley III, M.D., Shelby, NC
David S. Lennon, M.D., Charlotte, NC
Howard A. McMahan, M.D., Marietta, GA
Frank H. Moretz, M.D., Asheville, NC
Wade H. Moser, Jr., M.D., Raleigh, NC
Dan A. Myers, M.D., Kinston, NC
W. Ronald Neal, M.D., Greensboro, NC
Henry N. Nelson III, M.D., Indialantic, FL
Lanning R. Newell, M.D., Raleigh, NC
Marshall B. Odom, M.D., Boone, NC
Stephen L. Okiye, M.D., Saint Thomas, VI
Henry E. Parfitt, Jr., M.D., Fayetteville, NC
H. Worth Parker, M.D., Norwich, VT
Jerry E. Patterson, M.D., Chapel Hill, NC
James E. Peacock, Jr., M.D., Winston-Salem, NC
Claudia A. Peters, M.D., Kingston, ON
Joseph B. Philips III, M.D., Birmingham, AL
Hoke D. Pollock, M.D., Wilmington, NC
James L. Price III, M.D., Wilmington, NC
Joseph R. Pringle, Jr., M.D., Burlington, NC
W. Paul Sawyer, M.D., Tallahassee, FL
Michael A. Stang, M.D., Pikesville, MD
Kenneth K. Steinweg, M.D., Greenville, NC
Carol B. Teutsch, M.D., Gwynedd Valley, PA
James W. Winslow, M.D., Tarboro, NC
Kenneth B. Winter, M.D., Greensboro, NC

CLASS OF 1976
Number in Class: 120
Percent Donors: 30.0%
Brenda L. Adams-Hudson, M.D., Moore, SC
Warwick Aiken III, M.D. and Janet Cybrynski Aiken, M.D., Gastonia, NC
Paul D. Barry, M.D., Greensboro, NC
Martin F. Beals, Jr., M.D., Bluefield, VA
Jean C. Bolan, M.D., Washington, DC
Alexis C. Boutenett, M.D., Litchfield, CT
Richard A. Bowerman, M.D., Ann Arbor, MI
Barbara J. Campbell, M.D., Somerset, PA
Marjorie B. Carr, M.D., Raleigh, NC
Edward L. Cattau, Jr., M.D., Germantown, TN
William H. Gamble, M.D., Greensboro, NC
Charles H. Hicks, M.D., Wilmington, NC
J. Lee Hotter, M.D., Temple, TX
Robert H. Hutchins, M.D., Wilmington, NC
Walker A. Long, M.D., Chapel Hill, NC
Ross D. Lynch, M.D., Columbia, SC
McKay McKinnon, M.D., Kenilworth, IL
Michael E. Miller, M.D., Franklin, TN
B. Douglas Morton III, M.D., Macon, GA
Robert S. Moskalik, M.D., Coldwater, MI
E. Paul Nance, Jr., M.D., Nashville, TN
L. Andrew Nasset, Jr., M.D., Danville, PA
David B. Needland, M.D., Montgomery, AL
Harold A. Nichols, M.D., Greensboro, NC
Kathleen Gallagher Oxner, M.D., Greenville, SC
Sheldon M. Retchin, M.D., Richmond, VA

Tamara L. Sanderson, M.D., Lexington, KY
Robert S. Shapiro, M.D., Athens, GA
David F. Silver, M.D., Charlottesville, VA
Robert J. Tallaksen, M.D., Morgantown, WV
R. Henry Temple, Jr., M.D., Wilmington, NC
F. Ray Thigpen, M.D., Whiteville, NC
Mark E. Williams, M.D., Charlottesville, VA
Richard L. Wing, M.D., Charlotte, NC
Sabra A. Woodard, M.D., Raleigh, NC

CLASS OF 1977
Number in Class: 119
Percent Donors: 24.4%
Michael L. Barringer, M.D., Shelby, NC
John R. Black, M.D., Zionsville, IN
Clinton A. Briley, Jr., M.D., Wrightsville Beach, NC
Francis S. Collins, M.D., Ph.D., Rockville, MD
Joseph E. Craft, M.D., Guilford, CT
Allen J. Daugird, M.D., Chapel Hill, NC
Meyer E. Dworsky, M.D., Huntsville, AL
Wayne D. Fogle, M.D., Knoxville, TN
Peter C. Gruenberg, M.D., Altamonte Springs, FL
Charles H. Hoover, III, M.D., Monroe, NC
William L. Isley, M.D., Kansas City, MO
L. Lyndon Key, Jr., M.D. and Janice D. Key, M.D., Hollywood, SC
Judith M. Kramer, M.D., Chapel Hill, NC
Frederick H. Mabry, Jr., M.D., Laurinburg, NC
Stephen Ray Mitchell, M.D., Alexandria, VA
Warren H. Moore, M.D., Sugar Land, TX
H. Grady Morgan, Jr., M.D., Wilmington, NC
Pamela A. Nelson, M.D., Raleigh, NC
Scott H. Norwood, M.D., Tyler, TX
Louis M. Perlmutt, M.D., Chapel Hill, NC
Michael L. Pool, M.D., Knoxville, TN
Duncan S. Postma, M.D., Tallahassee, FL
Catherine M. Radovich, M.D., Gallup, NM
Samuel T. Selden, M.D., Chesapeake, VA
Howard J. Stang, M.D., Stillwater, MN
John H. Stanley, Jr., M.D., Wilmington, NC
Michael M. Ward, M.D., Wilmington, NC
Richard H. Weisler, M.D., Raleigh, NC

CLASS OF 1978
Number in Class: 129
Percent Donors: 25.6%
T. Rupert Ainsley, Jr., M.D., Sanford, NC
Michael C. Alston, M.D., Murfreesboro, NC
James J. Bedrick, M.D., Charlotte, NC
John D. Benson, M.D., Cary, NC
Jean W. Carter, M.D., Raleigh, NC
Brian J. Cohen, M.D., Sudbury, MA
Cynthia D. Conrad, M.D., Ph.D., Branford, CT
Paul W. Coughlin, M.D., High Point, NC
Betty J. Crosby, M.D., Charlotte, NC
Allison J. Dudley, M.D., Charlotte, NC
Martha L. Elks, M.D., Atlanta, GA
Seth V. Hetherington, M.D., Chapel Hill, NC
Michael D. Holland, M.D., Rocky Mount, NC
Cynthia R. Howard, M.D., Baltimore, MD
Dorothy M. Linster, M.D., Raleigh, NC
Wade L. Lowry, M.D., Colleyville, TX
Jeffrey A. Margolis, M.D., Tappahannock, VA
John T. McElveen, Jr., M.D., Raleigh, NC
W. Ronald Moffitt, M.D., Hendersonville, NC
Mark D. Monson, M.D., Spartanburg, SC
Donna L. Prather, M.D., Carrboro, NC
John V. Pruitt III, M.D., Boston, MA
Peter A. Schlesinger, M.D., St. Paul, MN
Stuart C. Segerman, M.D., Atlanta, GA
Susan T. Snider, M.D., Burnsville, NC
William D. Snider, M.D., Chapel Hill, NC
Donna S. Sperber, M.D., St. Petersburg, FL
Alan D. Stiles, M.D., Chapel Hill, NC
Gregory H. Tuttle, M.D., Mebane, NC
William A. Walker, M.D., Charlotte, NC
J. Byron Walthall, Jr., M.D. and Nancy L. Teaff, M.D., Charlotte, NC
Richard C. Worf, M.D., Winston-Salem, NC

CLASS OF 1979
Number in Class: 128
Percent Donors: 28.1%
Andrew H. Balder, M.D., Longmeadow, MA
Gail M. Capel, M.D., Schenectady, NY
D. Franklin Craig, M.D., Burnsville, NC
Walter E. Daniel, Jr., M.D., Raleigh, NC
Douglas M. Delong, M.D., Ladysmith, WI
Allen R. Edwards, M.D. and Patricia K. Hill, M.D., Statesville, NC
Ellen B. Fitzgerald, M.D., Lexington, KY
Sharon M. Foster, M.D., Raleigh, NC
Thomas R. Hinson, Jr., M.D., Clemmons, NC
Kent M. Kalina, M.D., Charlotte, NC
Anne T. Keifer, M.D. and John C. Keifer, M.D., Chapel Hill, NC
John M. Lafferty, M.D., Valdese, NC
Charles E. Lownes, M.D., Greensboro, NC
Julia E. McMurray, M.D., Madison, WI
Darlyne Menscer, M.D., Charlotte, NC
Harold P. Overcash, M.D., Raleigh, NC
Christian E. Paletta, M.D., St. Louis, MO
Lawrence H. Pearson, M.D., Shelby, NC
James G. Peden, Jr., M.D., Greenville, NC
Alan M. Rauch, M.D., Santa Barbara, CA
Charles N. Reed, M.D., Hickory, NC
J. Mark Rowles, M.D., Atlanta, GA
James L. Sanderford, Jr., M.D., Lewisville, NC
David M. Siegel, M.D., Rochester, NY
William L. Stewart, M.D., Southern Pines, NC
Frances R. Thomas, M.D., Chicago, IL
Paul A. Vadnais, M.D., Charlotte, NC
Lynn E. Wesson, M.D., Raleigh, NC
Mack W. White III, M.D., Charlotte, NC
C. Phillip Whitworth, M.D., Forest City, NC
Larry T. Williams, M.D., Hickory, NC
Leonard S. Wojnowich, M.D., Savannah, GA
O. Barry Wynn, M.D. and Michelle H. Wynn, M.D., Charlotte, NC

CLASS OF 1980
Number in Class: 145
Percent Donors: 36%
Edward H. Bertram III, M.D., Charlottesville, VA
Roger D. Billica, M.D., Houston, TX
Marcus E. Carr, Jr., M.D., Midlothian, VA
Wilbur B. Carter, Jr., M.D., Chapel Hill, NC
Lauren E. Cosgrove, M.D., Potomac, MD
Phillip K. Dorton, M.D., Thomasville, NC
Patricia T. Edkins, M.D., Chapel Hill, NC
W. Wells Edmundson, M.D., Raleigh, NC
Walter E. Egerton III, M.D., Aberdeen Proving Grounds, MD
C. O'Neil Ellis, M.D., Matthews, NC
Barry J. Freeman, M.D., Los Angeles, CA
Frederick U. Goss, M.D., Salisbury, NC
John C. Gudger, M.D., Swansboro, NC
Sandra K. Haigler, M.D., Lexington, KY
Catherine J. Harris, M.D., Wilmington, DE
Carl L. Haynes, Jr., M.D., Kinston, NC
Mark A. Helvie, M.D., Ann Arbor, MI
J. Patrick Holland, M.D., Winston-Salem, NC
Kenneth E. Hollingsworth, M.D., Olney, MD
Philip R. Johnson, Jr., M.D., New Albany, OH
Edward C. Jones, M.D., Clemmons, NC
Konrad C. Kaltenborn, M.D., Anchorage, AK
Daniel M. Lewis, M.D., Charlotte, NC
Thomas H. Lineberger, M.D., Pinehurst, NC
Jimmy Locklear, M.D., Raleigh, NC
William L. Lowe, Jr., M.D., Winnetka, IL
Christine C. Mahvi, M.D., Middleton, WI
E. John Markushewski, Jr., M.D., Huntsville, AL
Steven K. McCombs, M.D., Chapel Hill, NC
T. Michael O'Shea, Jr., M.D., Winston-Salem, NC
Cort A. Pedersen, M.D., Chapel Hill, NC
Dwight D. Perry, M.D. and Veronica J. Ray, M.D., Durham, NC
R. Brookes Peters IV, M.D., Tarboro, NC
Bayard L. Powell, M.D., Winston-Salem, NC
Timothy A. Presnell, M.D., Richlands, VA
Petrie M. Rainey, M.D., Lake Forest Park, WA
Judith L. Rissman, M.D., Lexington, MA
Steve E. Ritchie, M.D., Knoxville, TN
Suzanne Rogacz, M.D., Potomac, MD
J. McNeill Smith III, M.D., Asheville, NC
Paul C. Sorum, M.D., Schenectady, NY
James P. Srebro, M.D., Napa, CA
Walter J. Steele, M.D., Charlotte, NC
Karin R. Sternberg, M.D., Pittsford, NY
Leslie L. Taylor III, M.D., Smithfield, NC
James V. Taylor III, M.D., Wilson, NC
Donna W. Tilson, M.D., Louisville, KY
Jonathan P. Tolins, M.D., Minneapolis, MN
Margo F. Tolins-Mejia, M.D., Minneapolis, MN
Liliana G. Visscher, M.D., Cape Girardeau, MO
Kenneth W. Wilkins, Jr., M.D., New Bern, NC

CLASS OF 1981
Number in Class: 159
Percent Donors: 32.7%
G. Williams Adams, M.D. and Deborah L. Tussing, M.D., Severna Park, MD
Lee P. Adler, M.D., Winston-Salem, NC
Paul S. Andrews, M.D., Chapel Hill, NC
David Shields Barnes, M.D. and Elizabeth Scott Babcox, M.D., Shaker Heights, OH
Craig R. Bennett, M.D., North Wilkesboro, NC
Phillip M. Bridgman, M.D., Hannawa Falls, NY
Stephen E. Buie, M.D., Asheville, NC
Graham W. Bullard, M.D., Cornelius, NC
Lena W. Butterworth, M.D., Charlotte, NC
David A. Crews, M.D. and Elizabeth A. Eagle, M.D., Greensboro, NC
Deborah H. Davis, M.D., Morganton, NC
David M. Deitz, M.D., Olympia, WA
Amelia F. Drake, M.D., Chapel Hill, NC
Frederick M. Dula, Jr., M.D., Salisbury, NC
David A. Goff, M.D., Raleigh, NC
David K. Harper, M.D., Concord, NC
William M. Herndon, Jr., M.D., Charlotte, NC
G. Wallace Kernodle, Jr., M.D., Burlington, NC
Douglas P. Kiel, M.D., Medfield, MA
Garland C. King, M.D., Franklin, NC
Alan S. Kopin, M.D., Wellesley Hills, MA
R. Wayne Kreeger, M.D., Atlantic Beach, FL
Leigh S. Lehan, M.D., Raleigh, NC
Robert E. Littleton, M.D., Raleigh, NC
Nanetta B. Lowe-Roache, M.D., Winston-Salem, NC
Jane E. Lysko, M.D., Asheville, NC
Saundra A. Maass-Robinson, M.D., East Point, GA

John R. Mangum, M.D., Sanford, NC
William H. Merwin, Jr., M.D. and Mary-Frances Merwin, Knoxville, TN
Catherine H. Messick, M.D., Winston-Salem, NC
Charles B. Nemeroff, M.D., Ph.D., Atlanta, GA
J. Thomas Newton, M.D., Clinton, NC
Larry C. Nickens, M.D., Goldsboro, NC
William B. Olds, M.D., Roxboro, NC
Paul M. Parker, M.D. and Ruth M. Parker, M.D., Atlanta, GA
Peter L. Pleasants, M.D., Providence, RI
Larry B. Poe, M.D., Binghamton, NY
Teresa A. Rummans, M.D., Rochester, MN
Timothy G. Saunders, M.D., Charlotte, NC
Thomas J. Seely, M.D., Summerfield, NC
Elwood E. Stone, Jr., M.D., Cedar Rapids, IA
William W. Stuck, M.D., Columbia, SC
James D. Whinna, M.D., Monroe, NC
Susan M. Whitehead, Mancos, CO
Carol J. Wilkerson, M.D., Alexandria, VA
Phillip M. Williford, M.D., Winston-Salem, NC
Warden L. Woodard III, M.D., Charlotte, NC
Michelle H. Wynn, M.D. and Ossian B. Wynn, M.D., Charlotte, NC

CLASS OF 1982
Number in Class: 153
Percent Donors: 22.9%
John C. Adams, M.D., Indian Trail, NC
Joseph L. Albright, Jr., M.D., Charlotte, NC
Mary John Baxley, M.D., Greensboro, NC
Barbara L. Bethea, M.D., Lillington, NC
Peter H. Bradshaw, M.D., Hickory, NC
J. Lawrence Brady, Jr., M.D., Charlotte, NC
David W. Cash, M.D., Statesville, NC
Nancy C. Chescheir, M.D., Chapel Hill, NC
Bruce V. Darden II, M.D., Charlotte, NC
Robert C. Dellinger, Jr., M.D., High Point, NC
Cindy S. Dieringer, M.D., Camden, SC
Lawrence M. Fleishman, M.D., Charlotte, NC
Charles J. Fulp, Jr., M.D., Atlanta, GA
John S. Gaul III, M.D., Charlotte, NC
Thomas W. Graham, M.D., Carrboro, NC
Stephen M. Hux, M.D., Winston-Salem, NC
Timothy O. Jenkins, M.D., Concord, NC
Beverly N. Jones III, M.D., Winston-Salem, NC
Kathi J. Kemper, M.D., Boston, MA
Angela Kendrick, M.D., Aloha, OR
Virginia E. Killough, M.D., Marquette, MI
Marian S. Kirkman, M.D., Carmel, IN
Vincent J. Kopp, M.D., Chapel Hill, NC
Mary T. Korytkowski, M.D., Pittsburgh, PA
Jackie A. Lucas, M.D., Charlotte, NC
James T. Massagee, M.D., Greensboro, NC
Linville M. Meadows, M.D., Jacksonville, FL
Horace W. Miller IV, M.D., Fayetteville, NC
Myrlin L. Murphy, M.D., Chapel Hill, NC
Mark D. Peacock, M.D., Mooresville, NC
Donald W. Peters, M.D., Winston-Salem, NC
Rildia J. Pritchett, M.D., Cary, NC
Eric D. Van Tassel, M.D., Asheville, NC
Kathryn L. Weise, M.D., Cleveland Heights, OH
Stanley A. Wilkins, Jr., M.D., Raleigh, NC

CLASS OF 1983
Number in Class: 157
Percent Donors: 21.7%
David J. Ballard, M.D., Ph.D., Dallas, TX
Thomas W. Benton, M.D., Charlotte, NC
Marsha F. Bertholf, M.D., Jacksonville, FL
James A. Bryan III, M.D., Chapel Hill, NC
Vincent K. Cheek, M.D., Greensboro, NC
Douglas W. Clark, M.D., Chapel Hill, NC
R. Carter Clements, M.D., Oakland, CA
Ronald W. Cottle, M.D., Florence, SC
Mark H. Davis, M.D., Crescent City, CA
Mary Anne Dooley, M.D., Chapel Hill, NC
Nancy L. Earl, M.D., Chapel Hill, NC
James L. Everette, Jr., M.D., Dover, DE
Michael B. Fischer, M.D., Glastonbury, CT
Kimberly S. Haltiwanger, M.D., Setauket, NY
John M. Herion, M.D., Wilmington, NC
Thomas T. Hunter, M.D., Jacksonville, NC
Barbara E. Johnston, M.D., New York, NY
Elizabeth Kopin, M.D.,Wellesley Hills, MA
James D. Ladd, M.D., Asheville, NC
Peter J. Larson, M.D., Oakland, CA
Franklin Webster Maddux, M.D. and Dugan Wiess Maddux, M.D., Danville, VA
Oveta B. McIntosh-Vick, M.D., Durham, NC
Margaret N. Morris, M.D., Asheville, NC
James C. Osborne, M.D., Greensboro, NC
Catherine C. Parrish, M.D., Ellicott City, MD
Gail L. Shaw, M.D., Odessa, FL
Hermon W. Smith III, M.D., West Friendship, MD
Eugene R. Soares, M.D., Dover, NH
C. Stephen Stinson, M.D., Winston-Salem, NC
Gregory A. Underwood, M.D., Charlotte, NC
Mary C. Wasko, M.D., Pittsburgh, PA
John H. Williams, M.D., Raleigh, NC
Lawrence M. Wyner, M.D., Charleston, WV
Princess W. Yousem, M.D., Pittsburgh, PA

CLASS OF 1984
Number in Class: 144
Percent Donors: 29.9%
James P. Alexander, Jr., M.D., Decatur, GA
D. Antonio Bell, M.D. and Amelia F. Bell, M.D., Cornelius, NC
Steven J. Citron, M.D., Dunwoody, GA
Patricia F. Culhane, M.D., Campbell, CA
Alain T. Drooz, M.D., Vienna, VA
Eli D. Finkelstein, M.D., Edison, NJ
Kathleen J. Foster-Wendel, M.D., Ames, IA
Stephen E. Gitelman, M.D., San Francisco, CA
Ronald P. Hargrave, M.D., Mt. Pleasant, SC
James R. Harper, Jr., M.D., Wilmington, NC
James C. Hill, M.D., Cary, NC
Janice R. Hossler, M.D., Columbia, SC
Linda E. Jaffe, M.D., Wilton, CT
Paul A. James, M.D., Williamsville, NY
Michael J. Knight, M.D., North Hampton, NH
Marcia A. Koomen, M.D., Chapel Hill, NC
Elizabeth W. Koonce, M.D., Charlotte, NC
Robert P. Lineberger, M.D. and Catherine K. Lineberger, M.D., Chapel Hill, NC
Jo M. Marturano, M.D., Lexington, SC
Jane H. Murray, M.D., Durham, NC
Howard W. Newell, Jr., M.D., Goldsboro, NC
R. Claiborne Noble, M.D., Raleigh, NC
Douglas W. Peed, M.D., Chapel Hill, NC
Ronald E. Pruitt, M.D., Nashville, TN
Alfred L. Rhyne III, M.D., Charlotte, NC
Richard G. Saleeby, Jr., M.D. and Jackie A. Newlin-Saleeby, M.D., Raleigh, NC
Robert A. Simmons, Jr., M.D., Grand Junction, CO
David L. Sappenfield, M.D., Durham, NC
Paul W. Sasser, M.D., Eden, NC
Mary A. Saunders, M.D., Springfield, IL
John M. Schoffstall, M.D., Glen Mills, PA
Thomas E. Shook, M.D., Savannah, GA
Thomas C. Spangler, M.D., Winston-Salem, NC
Sharon R. Stephenson, M.D., Cary, NC
Nathan R. Strahl, M.D., Chapel Hill, NC
Paul E. Viser, M.D., Clinton, NC
Robert A. Wainer, M.D., Greensboro, NC
Rolf B. Wallin, M.D., Fayetteville, NC
Robert E. Wiggins, Jr., M.D., Asheville, NC
Daniel W. Williams III, M.D., Lewisville, NC

CLASS OF 1985
Number in Class: 159
Percent Donors: 33.3%
A. Elizabeth Allen, M.D., Winston-Salem, NC
Sebastian R. Alston, M.D., Jackson, GA
S. Leonard Auman, Jr., M.D., Dallas, TX
Leslie A. Bunce, M.D., Chapel Hill, NC
Charles L. Carter, M.D., Memphis, TN
Kathleen M. Clarke-Pearson, M.D., Chapel Hill, NC
Jonathan S. Cohen, M.D., Signal Mountain, TN
Susan L. Cookson, M.D., Stone Mountain, GA
Laura L. Crow, M.D., Greensboro, NC
Cynthia H. Dent, M.D., Crozet, VA
Douglas S. Diekema, M.D., Kenmore, WA
Cynthia B. Dunham, M.D., Chapel Hill, NC
Douglas Shure Feltman, M.D. and Gwenn Elizabeth McLaughlin, M.D., Miami, FL
Kenneth E. Ferrell, Jr., M.D., Charlotte, NC
Margaret K. Fikrig, M.D., Guilford, CT
Catherine G. Fuller, M.D., Los Angeles, CA
John H. Gilmore, Jr., M.D., Chapel Hill, NC
Pamela P. Golden, M.D., Tucson, AZ
Charles S. Hayek, M.D., Shelby, NC
Brentley D. Jeffries, M.D., Asheville, NC
Margaret G. Johnson, M.D., Chapel Hill, NC
Stuart Harrington Jordan, M.D. and Sheryl Ann Gilliken, M.D., Fayetteville, NC
Dr. Peter M. and Mrs. Rebecca A. Jordan, Greensboro, NC
David C. Joslin, M.D., Greensboro, NC
Theodore C. Kerner, Jr., M.D., Lewisville, NC
John A. Kirkland, Jr., M.D., Charlotte, NC
Mark H. Knelson, M.D., Durham, NC
Joyce K. Lammert, M.D., Seattle, WA
James W. Lederer, Jr., M.D., Advance, NC
Elizabeth S. McCuin, M.D., Roanoke, VA
Nancy H. Miller, M.D., Longmeadow, MA
Stephen B. Mitchell, M.D., Morehead, KY
Terrence D. Morton, Jr., M.D., Mooresville, NC
Albert R. Munn III, M.D. and Lisa F. Dejarnette, M.D., Raleigh, NC
Robert F. Murray III, M.D., Pleasant Ridge, MI
Albert J. Osbahr III, M.D., Waynesville, NC
Leslie K. Paulus, M.D., Phoenix, AZ
Frederick B. Payne, Jr., M.D., Fayetteville, NC
Joel E. Schneider, M.D., Raleigh, NC
Martin E. Shelnut, M.D., Atlanta, GA
McCrae S. Smith, M.D. and Barbara H. Smith, M.D., Greensboro, NC
G. King Snyder, Jr., M.D., Rye, CO
S. Patrick Stuart, Jr., M.D., Winston-Salem, NC
Dorothy F. Thomas, M.D., Louisville, KY
Claudia L. Thomas, M.D., Sands Point, NY
Bradley K. Weisner, M.D., Charlotte, NC
Randall W. Williams, M.D., Raleigh, NC
Robert S. Zucker, M.D., Tampa, FL
Sherrie F. Zweig, M.D., Chapel Hill, NC

CLASS OF 1986
Number in Class: 155

Percent Donors: 16.8%
Steven J. Baumrucker, M.D., Church Hill, TN
J. Lancaster Bridgeman, Jr., M.D., Greenville, SC
M. Todd Brown, M.D., Charlotte, NC
Charles B. Cairns, M.D., Denver, CO
Michael D. Carter, M.D. and Mary Beth A. Carter, M.D., Wilmington, NC
James W. Cheek, M.D., Jacksonville, FL
William M. Clark, Jr., M.D. and Elizabeth T. Clark, M.D., Oak Park, IL
Herbert G. Garrison III, M.D and Lynne C. Garrison, M.D., Greenville, NC
Elizabeth V. Getter, M.D., New York, NY
Pamela G. Hanna, M.D., Cornelius, NC
Connie D. Harrill, M.D., Indianapolis, IN
J. Curtis Jacobs, M.D., High Point, NC
Jonathan K. Levine, M.D., Charlotte, NC
Leslie C. McKinney, M.D., Raleigh, NC
Michael E. Norins, M.D., M.P.H., Greensboro, NC
Steven R. Olson, M.D., Greensboro, NC
C. W. Sofley, Jr., M.D., Anderson, SC
Cathy Jo W. Swanson, M.D., Roanoke, VA
Beverly J. Waddell, M.D., Lorton, VA
L. Tyler Wadsworth III, M.D. and Deborah T. Wadsworth, M.D., Des Peres, MO
Calvin G. Warren, Jr., M.D., New Bern, NC
James C. Womble, M.D., Cary, NC

CLASS OF 1987
Number in Class: 156
Percent Donors: 30.1%
Steven H. Baker, M.D., Asheville, NC
Thomas H. Belhorn, M.D., Ph.D. and Linda R. Belhorn, M.D., Chapel Hill, NC
William S. Blau, M.D., Ph.D., Chapel Hill, NC
David W. Boone, M.D., Raleigh, NC
Melissa W. Burch, M.D., Orono, ME
Lisa A. Christman, M.D., Raleigh, NC
Gregor G. Cleveland, M.D., Ph.D., Timmonsville, SC
James B. Collawn, M.D., Raleigh, NC
Carey G. Cottle, Jr., M.D., Greensboro, NC
James Earl Crowe, Jr., M.D. and Elizabeth H. Crowe, M.D., Brentwood, TN
Lochrane G. Davids, M.D., Greenville, SC
J. Gordon Early, Jr., M.D., Spartanburg, SC
Lee A. Furlong, M.D., Seal Rock, OR
Jama B. Greene, M.D., Rocky Mount, NC
W. Stuart Hartley, M.D., Charlotte, NC
Richard H. Havunjian, M.D., Los Angeles, CA
James P. Hooten, Jr., M.D., Elon College, NC
Dennis N. Jacokes, M.D. and Allison L. Jacokes, M.D., Raleigh, NC
William W. King, M.D., Wilmington, NC
Thomas E. Lawrence, M.D., Greensboro, NC
Susan R. Leivy, M.D., Roanoke, VA
Gustav C. Magrinat, M.D., Greensboro, NC
Teresa B. Melvin, M.D., Mooresville, NC
Sherry L. Morris, M.D., Harrisonburg, VA
Peter R. Muller, M.D., Charlotte, NC
Lisle M. Nabell, M.D., Birmingham, AL
Thomas E. Paulson, M.D., Sacramento, CA
Nancy W. Phifer, M.D., Burlington, NC
Mark K. Robbins, M.D., Charlottesville, VA
David B. Robinson, M.D., M.P.H., Auke Bay, AK
C. Alan Ross, M.D., Summerfield, NC
Daniel M. Sappenfield, M.D., Charlotte, NC
Constance J. Sewell, M.D., Asheville, NC
Ronald B. Shapiro, M.D., Austin, TX
David L. Sheppard, M.D., Gulf Breeze, FL
Robyn L. Stacy-Humphries, M.D., Charlotte, NC
Brian S. Strauss, M.D., High Point, NC
William R. Sutton, M.D., Wilmington, NC
Victoria B. Teague, M.D., Alpharetta, GA
Obinnaya C. Umesi, M.D., Durham, NC
Robert M. Walasin, M.D., Chapel Hill, NC
David C. Ward, M.D., Chapel Hill, NC
Jonathan J. Weiner, M.D., Durham, NC
Paul A. Young, M.D., APO, AE

CLASS OF 1988
Number in Class: 154
Percent Donors: 27.9%
C. Trent Blackman, M.D., Concord, NC
Jon P. Brisley, M.D., Roanoke, VA
Brenton T. Burkholder, M.D., Atlanta, GA
J. Craig Charles, M.D., Winston-Salem, NC
Jack M. Cole, M.D., Moore, SC
Debra L. Coles, M.D., Charlotte, NC
Jonathan B. Covey, M.D., Pueblo, CO
Peter G. Dalldorf, M.D., Greensboro, NC
Keith A. Davis, M.D., San Diego, CA
Paul R. Eason, M.D. and Margie B. Eason, M.D., Martinsville, VA
C. Gaelyn Garrett, M.D., Nashville, TN
Kirsten G. Girkins, M.D., Charlotte, NC
Frenesa K. Hall, M.D., Lilburn, GA
Elizabeth H. Hamilton, M.D., Chapel Hill, NC
David W. Herion, M.D., Bethesda, MD
Hunter A. Hoover, M.D., Charlotte, NC
C. David Johnson, M.D., Blythewood, SC
Kathryn P. King, M.D., Carrboro, NC
Hannah R. Krigman, M.D., St. Louis, MO
Ritsu Kuno, M.D., Midlothian, VA
Jane M. Laco, M.D., Plymouth, MN
Stuart J. Levin, M.D., Raleigh, NC
Thaddeus L. McDonald III, M.D., Raleigh, NC
Marsden H. McGuire, M.D., Baltimore, MD
Philip J. Nahser, Jr., M.D., Greensboro, NC
Charles E. Parke, M.D., Greenville, SC
Richard M. Peek, Jr., M.D. and Julie T. Peek, M.D., Nashville, TN
Gary L. Pellom, M.D., Durham, NC
John E. Perry III, M.D., Raleigh, NC
H. Kyle Rhodes, M.D., Wilmington, NC
Jeffrey E. Roller, M.D., Morganton, NC
George H. S. Sanders, M.D., Jamestown, NC
Charles D. Scheil, M.D., Hickory, NC
J. Robert Silver, M.D., Charlotte, NC
Mary F. Smith, M.D. and Bryan W. Smith, M.D., Chapel Hill, NC
Daniel J. Stackhouse, M.D., Charlotte, NC
John D. Symanski, M.D., Charlotte, NC
Roger P. Tart, M.D., Mobile, AL
Edward W. Whitesides, M.D., Wilmington, NC
Elliott F. Williams, M.D., High Point, NC

CLASS OF 1989
Number in Class: 146
Percent Donors: 24.0%
Paul E. Austin, M.D., Durham, NC
Scott M. Baker, M.D. and Kristin D. Baker, M.D., Concord, NC
Robert S. Berry, M.D., Greenville, TN
L. Katherine Bliss, M.D., Efland, NC
Lisa K. Burke, M.D., Marietta, GA
Margaret F. Campbell, M.D., Greensboro, NC
Peter N. Copsis, M.D., Matthews, NC
Brenda K. Cowell, M.D., Charlotte, NC
Daniel T. Goulson, M.D., Lexington, KY
Douglas B. Hansen, M.D., Rock Hill, SC
Mary E. Hebert, M.D., Denison, TX
Rosemary Jackson, M.D., Bahama, NC
Daniel M. Kaplan, M.D., Raleigh, NC
Michael M. Keeley, M.D., Shelby, NC
William H. Kelly, M.D., Fayetteville, NC
Charles G. Lampley IV, M.D., Shelby, NC
William L. Lawing, M.D., Winston-Salem, NC
Johnnie A. Lee, M.D., Fuquay Varina, NC
Kenneth S. Maxwell, M.D., Winston-Salem, NC
James M. McLean, M.D., Winston-Salem, NC
Melissa M. McLeod, M.D., Norfolk, VA
Jay B. Michael, M.D., Fayetteville, NC
H. Merle Miller, M.D., Boulder, CO
Linda K. Mitchell-Frye, M.D., Laurel, NC
Robert F. Noel, Jr., M.D., Henderson, NC
Lisa C. Richardson, M.D., Clarkston, GA
Mary D. Shearin, M.D., Jamestown, NC
Arthur J. Shepard III, M.D. and Nicole P. Shepard, M.D., Albany, GA
G. Bradley Sherrill, M.D., Greensboro, NC
Patricia G. Singer, M.D. and J. Daniel Singer, M.D., Greensboro, NC
John H. Stephenson, M.D., Roswell, GA
Jon P. Woods, M.D., Madison, WI

CLASS OF 1990
Number in Class: 153
Percent Donors: 30.7%
Lori W. Balaban, M.D., Charlottesville, VA
John E. Barkley, M.D., Charlotte, NC
Ronnie J. Barrier, M.D., Salisbury, NC
Elizabeth D. Bell, M.D., Chapel Hill, NC
Robert M. Bernstein, M.D., Seattle, WA
Anna P. Bettendorf, M.D., Durham, NC
Cedric M. Bright, M.D., Durham, NC
Betsy E. Brown, M.D., Seattle, WA
Martyn J. Cavallo, M.D., Nashville, TN
Sandra C. Clark, M.D., Chapel Hill, NC
Scott M. Cochrane, M.D., Amherst, MA
Catherine L. Cooper, M.D., Richmond, VA
Todd S. Cowdery, M.D., Eastsound, WA
C. James Cummings, M.D., Asheville, NC
Terri W. Cummings, M.D., Stone Mountain, GA
William De Araujo, M.D., Goldsboro, NC
Barry T. Degregorio, M.D., Portland, OR
Jon P. Donnelly, M.D., Cape Elizabeth, ME
Thomas E. Edwards, Jr., M.D., Atlanta, GA
Robert R. Ehinger, M.D., Greensboro, NC
John W. Entwistle III, M.D., Lafayette Hill, PA
Mary I. Fatehi, M.D., Englewood, NJ
Mark T. Hooten, M.D., Rock Hill, SC
R. Lynne Hornsby, M.D., Greenville, SC
Stacey N. Ibrahim, M.D., Asheville, NC
Dominic A. Jaeger, M.D., Burlington, VT
Leigh H. Jones, M.D., Greensboro, NC
John H. Krege, M.D., Greensboro, NC
Philip C. Lackey, M.D. and Victoria D. Lackey, M.D., Charlotte, NC
Edward J. Lee, M.D., Winchester, VA
Lori B. Lilley, M.D., Raleigh, NC
Linda J. Matthews, M.D., Huntersville, NC
Nicolette B. Naso, M.D. and William B. Naso, M.D., Florence, SC
Todd G. Owsley, DDS, M.D., Greensboro, NC
Whitman L. Reardon, M.D., Chapel Hill, NC
J. Gardiner Roddey, Jr., M.D. and Patricia K. Roddey, M.D., Charlotte, NC
Ami J. Shah, M.D., South Pasadena, CA
Eugenia B. Smith, M.D., Chapel Hill, NC

Murphy F. Townsend III, M.D., Atlanta, GA
Craig Wierum, M.D., Nashville, TN
J. Todd Williams, M.D., Asheboro, NC
Adam S. Wilson, M.D., Vancouver, WA
John H. Wood, M.D., Chapel Hill, NC
Mark W. Zimmerman, M.D. and
Sherri A. Zimmerman, M.D., Cary, NC

CLASS OF 1991
Number in Class: 157
Percent Donors: 24.8%
Katrina H. Avery, M.D., Durham, NC
Mack N. Barnes III, M.D., Birmingham, AL
Robert P. Bright, M.D., Durham, NC
Robert C. Brooks, M.D., Pittsburgh, PA
N. Elaine Broskie, M.D., Salem, OR
M. Elizabeth Brown, M.D., Summerfield, NC
Linda H. Butler, M.D., Raleigh, NC
Thomas R. Coleman, M.D., Lutz, FL
Robert L. Cook, M.D., Pittsburg, PA
William W. Crone, M.D., Atlanta, GA
Amy C. Degnim, M.D., Leeds, MA
Catherine M. Gordon, M.D., Wellesley, MA
Brian H. Hamilton, M.D., Charlotte, NC
Leon W. Herndon, Jr., M.D. and
Yolanda V. Scarlett, M.D., Hillsborough, NC
W. Barlow Inabnet III, M.D., New York, NY
Drew A. Jones, M.D., Greensboro, NC
Seth E. Katz, M.D., San Diego, CA
W. P. Killam, M.D., Fort Defiance, AZ
Michael J. Lucas, M.D., High Point, NC
Constantine G. Marousis, M.D., West Palm Beach, FL
James J. McCarthy, M.D., Merion Station, PA
Todd D. McDiarmid, M.D., Greensboro, NC
Scott R. McDuffie, M.D., Sumter, SC
Jobe C. Metts III, M.D., Mount Pleasant, SC
Linda M. Nicholas, M.D., Chapel Hill, NC
Vincent C. Phillips, M.D., Englewood, OH
Richard J. Pollard, M.D. and
Helene P. Keyzer-Pollard, M.D., Gastonia, NC
Danny Silver, M.D., Raleigh, NC
Brian D. Smith, M.D., Shelby, NC
Todd F. Tanner, M.D., Goldsboro, NC
Paul C. Tobin, M.D. and Rebecca B. Tobin, M.D., Chapel Hill, NC
Gilbert R. Upchurch, Jr., M.D., Ann Arbor, MI
Andrew B. Wallach, M.D., New York, NY
Frederick M. Weeks, M.D. and Margaret W. Weeks, M.D., Vero Beach, FL
Patrick A. Wilson, M.D., Wilmington, DE
Edward H. Wrenn, M.D., Pittsburgh, PA

CLASS OF 1992
Number in Class: 157
Percent Donors: 20.4%
Jorge A. Allende, Jr., M.D., Fort Collins, CO
Mary M. Bledsoe Felkner, M.D., Charlotte, NC
Lisa A. Brone, M.D., Absecon, NJ
Nancy C. Clayton, M.D., Chapel Hill, NC
Gerald E. Cooley, M.D. and Amy R. Cooley, M.D., Charlotte, NC
Christopher C. Cosgrove, M.D. and
Billie F. Cosgrove, M.D., Wilmington, NC
Cynthia K. Crews, M.D., Denver, CO
Mary J. Forbes, M.D., Raleigh, NC
Scott K. Garrison, M.D., Raleigh, NC
James G. Hall, M.D., Durham, NC
Mark W. Jentson, M.D., Virginia Beach, VA
Pamela C. Jenkins, M.D., Lyme, NH
Andy C. Kiser, M.D., Whispering Pines, NC
Barrett T. Kitch, M.D., Cambridge, MA
David A. Konanc, M.D., Raleigh, NC
Susan R. Marcinkus, M.D., Lutherville, MD
Walter S. Morris III, M.D., Southern Pines, NC
Martin T. November, M.D., Cambridge, MA
Edward J. Primka III, M.D. and Lynda R. Primka, M.D., Avon Lake, OH
Anand V. Ramanathan, M.D., Darien, IL
Hans P. Roethling, M.D., Goldsboro, NC
J. Cullen Ruff, M.D., Arlington, VA
Scott V. Smith, M.D., Apex, NC
Anjali M. Sues, M.D., Raleigh, NC
Thor O. Svendsen, M.D., Charlotte, NC
Rita E. Treanor-Plemmons, M.D., Erwin, TN
Charles D. Wells, M.D., Atlanta, GA
Bradford Tracy Winslow, M.D. and Lisa Corbin Winslow, M.D., Denver, CO

CLASS OF 1993
Number in Class: 145
Percent Donors: 21.4%
Aleta A. Borrud, M.D., Rochester, MN
Rochelle M. Brandon, M.D., Charlotte, NC
Tamara W. Bringewatt, M.D., Davidson, NC
Harry L. Broome, Jr., M.D., Phoenix, AZ
John S. Chase, M.D., Iowa City, IA
John D. Corey, M.D., Carrboro, NC
William L. Craig III, M.D., Raleigh, NC
Carolyn J. Dalldorf, M.D., Charlottesville, VA
Karla L. Debeck, M.D., Durham, NC
Cathy A. Donovan, M.D., Onamia, MN
S. Lynn Gardner, M.D., Stone Mountain, GA
J. Judd Green, Jr., M.D., Jamestown, NC
Thomas M. Haizlip, Jr., M.D., Banner Elk, NC
Joseph I. Harwell, M.D., Sharon, MA
C. Anthony Kim, M.D., Puyallup, WA
Eugene H. Maynard, Jr., M.D., Smithfield, NC
Jennifer L. Miles, M.D., Oakland, CA
John D. Phipps, M.D., Winston-Salem, NC
Lawrence M. Raines III, M.D., Chapel Hill, NC
Eileen M. Raynor, M.D., Jacksonville, FL
Norman E. Sharpless, M.D., Newton, MA
Tammy R. Spear, M.D., Summerfield, NC
Eric S. Stem, M.D., Fort Wayne, IN
Theodore T. Thompson, M.D., Abingdon, VA
Loretta K. Tibbels, M.D., Omaha, NE
Paige C. Walend, M.D., Phoenix, AZ
Lisa L. Wang, M.D., Houston, TX
Brian R. Webster, M.D., Wilmington, NC
William R. Westerkam, M.D., Columbia, SC
Kirk L. Woosley, M.D., Charlotte, NC
Melinda T. Wyatt, M.D., Raleigh, NC

CLASS OF 1994
Number in Class: 153
Percent Donors: 21.6%
Jonathan G. Austin, M.D., Mount Pleasant, SC
Laura H. Bachmann, M.D. and Kurt C. Bachmann, M.D., Birmingham, AL
Mary T. Bond, M.D., Fayetteville, GA
Jane H. Brice, M.D., Chapel Hill, NC
Marlene S. Calderon, M.D., Ypsilanti, MI
Peter T. Chu, M.D., Fletcher, NC
Lisa A. Gillespie, M.D., Lithonia, GA
Robin P. B. Hicks, M.D., Newton Highlands, MA
Chandra S. Hollier, M.D., Carol Springs, FL
William H. Jones, M.D., Charlotte, NC
Carrie S. Kent, M.D., Lenoir, NC
Kenneth C. Lennon, M.D., Greenville, SC
Roy S. Lewis, M.D., Houston, TX
Melissa M. Lutz, M.D., Chapel Hill, NC
John L. Matthews, M.D., Durham, NC
Karen F. Mattocks, M.D., Columbia, SC
Lucy S. Miller, M.D. and Robert Sean Miller, Jr., M.D., Cincinnati, OH
Jacqueline H. Mims, M.D. and J. Whitman Mims, M.D., Winston Salem, NC
Daniel H. Moore, M.D., Chesapeake, VA
Julia E. Norem-Coker, M.D., Fayetteville, NC
John B. Patterson, M.D., Ph.D., Winston-Salem, NC
William L. Plyler, M.D., Hendersonville, NC
Claudia C. Prose, M.D., Chapel Hill, NC
Lisa A. Rietz, M.D., St. Louis, MO
John W. Rusher, M.D., Raleigh, NC
Richard Scherczinger, M.D., Cornelius, NC
Nicholas B. Sliz, Jr., M.D., Lawrenceville, TN
Carolyn T. Spencer, M.D., Gainesville, FL
Bristol R. Winslow, M.D., Durham, NC
Julie L. Wynne, M.D., Millinocket, ME

CLASS OF 1995
Number in Class: 174
Percent Donors: 24.1%
Michael D. Applegate, M.D., Asheboro, NC
Joshua E. Bernstein, M.D., Cambridge, MA
Paul H. Bowman, M.D., Augusta, GA
Peter A. Caprise, Jr., M.D., Chapel Hill, NC
Christina L. Catlett, M.D., Ellicott City, MD
David A. Chesnutt, M.D., Chapel Hill, NC
Elizabeth C. Deterding, M.D., Summerfield, NC
Andrea B. Dickerson, M.D., Fayetteville, NC
Elisabeth K. Dipietro, M.D., Weston, MA
David B. Dorofi, M.D., Norfolk, VA
Dietrich A. Gerhardt, M.D., Waterloo, IA
Richard Ryan Gessner, M.D. and Sarah Young Gessner, M.D., Charleston, SC
Katherine Meadows Harper, M.D. and Stephen A. Harper, M.D., Clemmons, NC
Marcus T. Higi, M.D., Tallahassee, FL
John B. Holtzapple III, M.D., Eugene, OR
Richard H. Jones, M.D., Patuxent River, MD
Angela M. Keen, M.D., Salt Lake City, UT
Suzanne Lazorick, M.D., Clayton, NC
A. Kellett Letson III, M.D., Asheville, NC
William D. Lyday II, M.D., Omaha, NE
Brant K. Oelschlager, M.D., Seattle, WA
John W. Ogle III, M.D., Palo Alto, CA
Hiten K. Patel, M.D., Charlotte, NC
Linda D. Pegram, M.D., Philadelphia, PA
Monica L. Pieeyk, M.D. and John B. Pieeyk, M.D., Canton, MA
Laura M. Robert, M.D., Lynchburg, VA
Paul D. Rosen, M.D., New York, NY
Wesley G. Schooler, M.D., Durham, NC
Susan K. Seo, M.D., New York, NY
David R. Shaffer, M.D., New York, NY
Carol G. Shores, M.D., Chapel Hill, NC
Dana L. Simpson, M.D., Charleston, SC
Amanda I. Slater, M.D., Pittsboro, NC
R. S. Spies, M.D., Matthews, NC
Jawal Suleman, M.D., Columbia, SC
John W. Surles, M.D., Macclesfield, NC
Ketan K. Trivedi, M.D., Alexandria, VA
Kelly M. Watcus, M.D., Durham, NC
Deidra F. Woods, M.D., Washington, DC

CLASS OF 1996
Number in Class: 159
Percent Donors: 20.1%

Marc Gregory Amaya, M.D. and Sharon Croom Amaya, M.D., Mableton, GA
Katherine E. Barrett, M.D., Raleigh, NC
David K. Becker, M.D., Chapel Hill, NC
Andrea C. Best, M.D., Culver City, CA
Sara B. Beyer, M.D., Matthews, NC
Ann-Bridget D. Bird, M.D., Durham, NC
Cynthia J. Brown, M.D., Waterbury, CT
Christopher H. Chay, M.D., Ann Arbor, MI
William J. Conner, M.D., Dunn, NC
Lorraine D. Cornwell, M.D., Carrboro, NC
Robert M. Dums, M.D., Christiansburg, VA
Cory A. Dunnick, M.D., Nashville, TN
Joan E. East, M.D., Asheville, NC
Douglas K. Graham, M.D., Highlands Ranch, CO
Brian Earl Grogg, M.D. and Karen Lynne Grogg, M.D., Rochester, MN
James A. Haaksma, M.D., Asheville, NC
Julie A. Haizlip, M.D., Chapel Hill, NC
Kimberly J. Hamilton, M.D., Durham, NC
Charnette M. Huggins, M.D., Washington, NC
E. Allen Liles, Jr., M.D., Durham, NC
Michael H. Lowry, M.D., Morehead City, NC
Daniel F. Maher, M.D., San Diego, CA
John E. Milko, M.D., Myrtle Beach, SC
David P. Miller, Jr., M.D., Clemons,, NC
Tracey E. O'Connell, M.D., Durham, NC
David N. Quinn, M.D., Columbus, OH
Lisa M. Roberts, M.D., Pittsburgh, PA
Jeffry P. Simko, M.D., Ph.D., San Francisco, CA
William T. Smith IV, M.D., Durham, NC
Carlos A. Vargas, M.D., Franklin, NC

CLASS OF 1997
Number in Class: 161
Percent Donors: 41.0%
Eyal C. Attar, M.D., Brookline, MA
Henry C. Baggett III, M.D., Anchorage, AK
Ibrez R. Bandukwala, M.D., Atlanta, GA
Michael L. Batten, M.D., Philadelphia, PA
Andrew William Bazemore, M.D. and Anna Marlet Bazemore, M.D., Cincinnati, OH
Kimberly L. Beavers, M.D., Chapel Hill, NC
Keturah C. Bell, M.D., Kingsport, TN
George M. Brinson, M.D., Chapel Hill, NC
Debbie A. Brown, M.D., Southfield, MI
Michael B. Brumback, M.D., Atlanta, GA
Mark D. Charlson, M.D., Chapel Hill, NC
Stephen V. Chiavetta III, M.D., Rochester, MN
Kathy N. Chism, M.D., Knoxville, TN
Elizabeth C. Clark, M.D., Portland, OR
Raymond D. Cook, M.D., Durham, NC
Nicole M. D'Andrea, M.D., Chapel Hill, NC
Lance L. Davis, M.D., Charleston, SC
Charles S. Dietrich III, M.D., Honolulu, HI
Carrie A. Dow-Smith, M.D. and Vincent C. Smith, M.D., Pearland, TX
Charles W. Eifrig, M.D., Miami Beach, FL
Janet R. Encarnacion, M.D., Springfield, MO
Thomas W. Gansman, M.D., Indianapolis, IN
Cathryn A. Geary, M.D., Cincinnati, OH
Bradley C. Gehrs, M.D., Birmingham, AL
Chandra S. Ghosh, M.D., Atlanta, GA
Michael Gill, M.D., Ann Arbor, MI
Leigh B. Goodwin, M.D., Charlotte, NC
Todd F. Griffith, M.D., Durham, NC
Richard W. Hudspeth, M.D., Salt Lake City, UT
Srikant B. Iyer, M.D., Cincinnati, OH
Paul Harlan Kartheiser, M.D. and Amy Marie Ursano, M.D., Durham, NC
Andrew L. Katz, M.D., Durham, NC
Dawn E. Kleinman, M.D., Carrboro, NC
Jennifer S. Klenzak, M.D. and Scott M. Klenzak, M.D., Durham, NC
Ramesh L. Krishnaraj, M.D., Greensboro, NC
Kathryn A. Lee, M.D., Etna, NH
Cindi J. Leech, M.D., Salt Lake City, UT
Erica A. Lyndrup, M.D., New York, NY
Donna B. McGee, M.D., Horse Shoe, NC
Leah P. McMann, M.D., Dupont, WA
Jerry W. Mitchell, Jr., M.D., Pittsburgh, PA
Dean S. Morrell, M.D., Chapel Hill, NC
Amy L. Mosher, M.D., Chapel Hill, NC
Jeffrey S. Moyer, M.D., Ann Arbor, MI
Julia K. Nelson, M.D., Durham, NC
Brian S. O'Kelley, M.D., Gainesville, FL
John Charles Parker, M.D. and Heather M. Henderson, M.D., Lexington, KY
Joseph F. Penta, M.D., FPO, AP
John K. Petty, M.D., Portland, OR
Sarah B. Philp, M.D., Seattle, WA
Jennifer E. Rhodes-Kropf, M.D., New York, NY
Austin S. Rose, M.D., Chapel Hill, NC
John R. Stephens, M.D. and Anne H. Stephens, M.D., Durham, NC
Julie C. Verchick, M.D., Pinehurst, NC
Lauren E. Wagner, M.D., Chicago, IL
Melanie P. Walker, M.D., Cincinnati, OH
Lydia Ward, M.D., Charleston, SC
Illya L. Wilkerson, M.D., Greensboro, NC
Christopher R. Williams, M.D., Birmingham, AL
Laura Clark Windham, M.D., Durham, NC

CLASS OF 1998
Number in Class: 152
Percent Donors: 34.2%
John G. Alley, Jr., M.D., Carrboro, NC
Christopher W. Baird, M.D., Pittsburgh, PA
Elizabeth R. Bates, M.D., Berkeley, CA
Michelle W. Beckham, M.D., Concord, NC
Dalliah M. Black, M.D., Hillsborough, NC
Jacqueline C. Chang, M.D., Nashville, TN
Alan Cook, M.D., Durham, NC
Christopher C. Copenhaver, M.D. and Carol Anne Borack, M.D., Rochester, NY
Mary S. Crowder, M.D., Greenville, NC
James M. O. Culver, M.D., Durham, NC
Farr A. Curlin, M.D., Chicago, IL
Jason E. DeVente, M.D., Greenville, NC
William F. Durland, Jr., M.D., Maple Bluff, WI
Jonathan E. Fischer, M.D., Carrboro, NC
Maxwell E. Fisher, M.D., Nashville, TN
Angela B. Gantt-Holliday, M.D., Dublin, OH
Kathy L. Garland, M.D., Chapel Hill, NC
Barbara K. Gavin, M.D., Boston, MA
Nichole D. Grier, M.D., Chapel Hill, NC
Chad Gunnlaugsson, M.D., Ypsilanti, MI
Joshua L. Hardison, M.D., Cumberland, RI
Paul M. Henderson, M.D., Hendersonville, NC
Michael S. Hoben, M.D., Charlotte, NC
Rebeccah A. Hoffman, M.D., Monroeville, PA
Travis C. Honeycutt, M.D., Norfolk, VA
Joseph T. Jenkins, M.D., Chapel Hill, NC
Traci A. Lamothe, M.D., Charlotte, NC
Miriam W. Lindrooth, M.D., Northfield, IL
Colby E. Mangum, M.D., Winston Salem, NC
Siobhan O'Connor, M.D., Louisville, KY
Robert S. Park, M.D., San Francisco, CA
Stephen J. Phillips, M.D., Baltimore, MD
William G. Pittman III, M.D., San Francisco, CA
Caroline C. Prochnau, M.D., Knoxville, TN
James M. Schmidt, M.D., Charlotte, NC
Brian Shelley, M.D., Albuquerque, NM
Mona A. Sinno, M.D., Waco, TX
Shelia D. Smith, M.D., Richmond, CA
Amy B. Stanfield, M.D., Charlotte, NC
Thomas E. Stephens, M.D., Asheville, NC
William H. Sturgill III, M.D., Jacksonville, NC
Andrew J. Taylor, M.D., Wrightsville Beach, NC
Stephan G. Thiede, M.D., Chapel Hill, NC
Michael M. Walger, M.D., Loma Linda, CA
John W. Warner, M.D., Falls Church, VA
Elizabeth S. Weinberg, M.D., Cincinnati, OH
T. Brian Willard, M.D., Columbia, MO
Paul L. Winslow III, M.D., Durham, NC
Robyn K. Zanard, M.D., Greensboro, NC
Adam J. Zolotor, M.D. and Karolyn Forbes, M.D., Ann Arbor, MI

CLASS OF 1999
Number in Class: 133
Percent Donors: 27.1%
Victor C. Archie, M.D., Thousand Oaks, CA
Eric D. Bernstein, M.D., Portland, OR
Robert C. Bowen III, M.D., Charlotte, NC
Stephen P. Brackbill, M.D., Chicago, IL
Craig M. Burnworth, M.D., Columbia, SC
Peggy A. Byun, M.D., Winston-Salem, NC
H. Scott Cameron II, M.D., Baltimore, MD
Nicole Chaisson, M.D., Saint Paul, MN
John B. Chiavetta, M.D., Rochester, MN
Ellen C. Collett, M.D., Morganton, NC
Stanley F. Dover, M.D., Winston-Salem, NC
Robert A. DuBose, M.D., Seattle, WA
Carrie L. Dul, M.D., Portland, OR
S. Sheppard Dunlevie, Jr., M.D., Charlotte, NC
Michelle E. Elisburg, M.D., New Gardens, NY
Lisa A. Flora, M.D., New Castle, DE
Robert G. Goodrich, M.D., Chapel Hill, NC
Lisa J. Harrington, M.D., Providence, RI
Angela L. Heider, M.D., Chapel Hill, NC
Winny W. L. Hung, M.D., Providence, RI
Yewande J. Johnson, M.D., Birmingham, AL
Kevin J. Logel, M.D., Salt Lake City, UT
Marchi V. Lopez-Linus, M.D., Chapel Hill, NC
Ben M. Meares, Jr., M.D., Taylors, SC
Brian H. Mullis, M.D., Durham, NC
Stephen F. Parsons, M.D. and Alden M. Parsons, M.D., Chapel Hill, NC
LeVonne G. Powell-Tillman, M.D., Durham, NC
Beth A. Renzulli, M.D., Chapel Hill, NC
L. Allison Shivers, M.D., Nashville, TN
Graham E. Snyder, M.D., Manhasset, NY
Julia W. Tsang, M.D., Chapel Hill, NC
Harrison G. Tuttle, M.D., South Burlington, VT
A. Elizabeth Underwood, M.D., Salt Lake City, UT
LaClaire Williams, M.D., Tucson, AZ
Eric S. Winer, M.D., Malden, MA

CLASS OF 2000
Number in Class: 142
Percent Donors: 4.2%
Albert M. Anderson M.D., Chapel Hill, NC
Joshua W. Knowles, Chapel Hill, NC
Catherine T. Lee M.D., Chapel Hill, NC
Zackary S. Moore M.D., Chapel Hill, NC
Jeffrey S. Mueller M.D., Chapel Hill, NC
Patrick A. O'Connell M.D., Baltimore, MD

MEDICAL ALLIED HEALTH SCIENCES GRADUATES

Duane S. Anderson, Jr., Staunton, VA
Stephanie S. Baker, Cary, NC
Lori E. Benn, Chicago, IL
Cynthia P. Bodenheimer, Winston-Salem, NC
Elizabeth A. Bridges, Atlanta, GA
Doreen E. Clark, Raleigh, NC
Cheri Courtright, Greensboro, NC
Sidney S. Curry, M.D., Norcross, GA
Sharyn H. Davies, Little Rock, AR
Susan H. Davis, Gibsonville, NC
Jason M. Denton, Carrboro, NC
Alice S. Duddy, Framingham, MA
Laura H. Dudley, Rocky Mount, NC
Christy S. Engle, Matthews, NC
Betty B. Gast, Hickory, NC
Patrice E. Hardee, Morrisville, NC
Leslie C. Hawley, Corpus Christi, TX
Michele M. Haywood, Columbia, SC
Christin L. Hemmens, New Orleans, LA
Kathleen O. Herndon, Raleigh, NC
Carol Higgins-Gilmer, Chapel Hill, NC
Catherine N. Humphrey, Birmingham, AL
June S. Kennedy, Durham, NC
Kimberly B. Klug, Menomonee Falls, WI
Sheila R. McMahon, Raleigh, NC
Cheryl E. Miller, Alpharetta, GA
Joelle M. Roberson, Williamsville, NY
Darlene K. Sekerak, Ph.D., Raleigh, NC
Patricia S. Sikes, Chapel Hill, NC
Christopher S. Throckmorton, Atlanta, GA
Katherine P. Uomoto, Issaquah, WA

BASIC SCIENCES GRADUATES

Nils B. Adey, Ph.D., Salt Lake City, UT
Caroline H. Aland, Stevensville, MD
Patricia W. Bair, Marianna, FL
Eric T. Baldwin, Ph.D., Kalamazoo, MI
Christine A. Biron, Ph.D., Providence, RI
Debra D. Bloom, Ph.D., Sun Prarie, WI
Timothy J. Bolling, Wilmington, DE
Joan P. Boone, Efland, NC
Carl D. Bortner, Ph.D. Durham, NC
Suzanne C. Bullock, Blowing Rock, NC
Janet P. Burnham, Ph.D., Raleigh, NC
Robert Glenn Butler, Escondido, CA
Karen E. Butler, Frederick, MD
Mary G. Cafiero, Richardson, TX
Ian J. Caley, Ph.D. and Rebecca Pogue-Caley, Ph.D., Chapel Hill, NC
Ellen S. Canavan, Cary, NC
Sheryl K. Carmak, Bismarck, ND
Matthew E. Carrigan, Atlanta, GA
Chia S. Chang, New Hyde Park, NY
Kathryn K. Cheek, Columbus, GA
Qiming Chen, Ph.D., Horsham, PA
Caroline M. Christopher, Chapel Hill, NC
Nancy W. Clark, Reston, VA
Alison G. Cornwell, Carrboro, NC
Timothy W. Corrigan, Charlotte, NC
Debra K. Cowan, Chapel Hill, NC
Victoria Z. Coward, Jacksonville, FL
Merle M. Crawford, Hummelstown, PA
Dorothy L. Daley, Wilmington, DE
Roberta M. DeLuca, Raleigh, NC
Martha W. Easley, Amelia Island, FL
Harriet H. Ellis, Wilson, NC
Amanda S. Englerth, Washington, DC
Debra R. Ernst, West Bloomfield, MI
Leah S. Fletcher, Ph.D., Geneseo, NY
Carole J. Forloines, Kennett Square, PA
Madeline H. Freeman, Greenville, SC
Katherine L. Fries, Ph.D., Atlanta, GA
Jo Ellen F. Gilbert, Jacksonville, FL
Judith L. Glas, Oakdale, PA
Charles A. Glick, Frederick, MD
Robert P. Gruninger, Chapel Hill, NC
Heidi A. Harkins, Ph.D., Chapel Hill, NC
Janet L. Harrill, Forest City, NC
Margaret P. Herbers, Silver Spring, MD
Marcia W. Herbert, Virginia Beach, VA
Edna D. Hodges, Washington, NC
Anne C. Huff, Ph.D. and Bruce E. Miller, Ph.D., Collegeville, PA
Diana B. Johannsen, Fredericksburg, VA
Brigid W. Johnston, Cary, NC
Jane E. Jordan, The Woodlands, TX
Deborah W. King, Bremerton, WA
Steven W. King, Ph.D., Florence, SC
Susan A. Klemm, Charlotte, NC
Stephen B. Knisley, Ph.D., Birmingham, AL
Lauree M. Kruyer, Southern Pines, NC
Robert A. Lerch, Ph.D., Spring Valley, NY
Scott C. Livingston, Erie, PA
Amy H. Lumsden, Arlington Heights, IL
Earl E. Macy, West Plains, MO
Melissa Maret, Ph.D., Yardley, PA
Celia C. McCarty, Alpharetta, GA
William T. McGivney, Ph.D., Rockledge, PA
Tina W. McKeon, Atlanta, GA
Jona P. Medlin, Raleigh, NC
Beth E. Mileson, Ph.D., Falls Church, VA
Elzbieta M. Milewska, Saint Charles, IL
Robert E. Moon, Fort Lauderdale, FL
Susan H. Moore, Raleigh, NC
Virginia W. Morton, Houston, TX
Karl F. Muster, D.D.S. and Carol Richter Muster, Ph.D., Champaign, IL
Lauren B. Noble, Wake Forest, NC
Elizabeth H. Pearsall, Rocky Mount, NC
Dacia N. Pitzer, Cleveland, OH
Doris T. Poole, Ph.D., Chapel Hill, NC
Gary E. Prillaman, D.D.S., Mocksville, NC
Tamara R. Ritchie, Durham, NC
Kristin R. Rogers, Princeton Junction, NJ
Constance Ruthermel, Ph.D., Essex Falls, NJ
James P. Ryan, Memphis, TN
Rachel J. Sanders, M.S., Juneau, AK
Patricia Sconce, Woodbridge, VA
J. Michael Sherrill, Danville, CA
Rebecca A. Shirk, Ph.D., Malvern, PA
Susan S. Skeen, Elon College, NC
Phillip G. Smith, Durham, NC
Jennifer V. Smith, Ph.D., West Chester, PA
John N. Snouwaert, Ph.D., Chapel Hill, NC
Anne Steward Solari, Florissant, MO
Sara J. Stitzer, Richmond, VA
Jean L. Stout, Saint Paul, MN
Deborah H. Strickland, Apex, NC
Pamela Perry Stubbs, Fallbrook, CA
Monroe J. Stutts III, Chapel Hill, NC
Laura I. Tanner, Ph.D., San Francisco, CA
Stuart A. Thompson, Ph.D., Evans, GA
Louisa B. Thompson, Roswell, GA
Ellen B. Troutman, Salisbury, NC
Tsong-Tseh Tsay, Ph.D., Orange, CA
Grace S. Tucker, Denison, TX
Elizabeth E. Via, Winston-Salem, NC
Jeanne S. Wagner, Boise, ID
David E. Wain, Wilmington, NC
Cheryl H. Whelan, Louisville, KY
Rebekah J. Wilkes, Lillington, NC
Elizabeth C. Wilkinson, Youngsville, NC
Beverly A. Williams, Chapel Hill, NC
Barnaby E. Wray, Knoxville, TN
Albert G. Zimmermann, Ph.D., Carrboro, NC

FACULTY

Larry W. Arnold, M.D., Snow Camp, NC
Stephen R. Aylward, Ph.D., Carrboro, NC
Christopher C. Baker, M.D., Chapel Hill, NC
Nancy P. Barnes, Severn, NC
Stuart O. Bondurant, Jr., M.D., Chapel Hill, NC
Gary D. Bos, M.D., Chapel Hill, NC
Watson A. Bowes, Jr., M.D., Chapel Hill, NC
H. Robert Brashear, Jr., M.D., Chapel Hill, NC
Dr. R. Alan and Mrs. Irene Briggaman, Chapel Hill, NC
James A. Bryan II, M.D., Chapel Hill, NC
Joseph A. Buckwalter, M.D., Chapel Hill, NC
John B. Buse, M.D., Ph.D., Chapel Hill, NC
John D. Butts, Jr., M.D., Durham, NC
Robert C. Cefalo, M.D., Chapel Hill, NC
Thomas V. Clancy, M.D., Wilmington, NC
Richard L. Clark, M.D., Chapel Hill, NC
William Lord Coleman, M.D., Chapel Hill, NC
Anna Marie Connolly, M.D., Chapel Hill, NC
Ernest Craige, M.D., Chapel Hill, NC
William J. Cromartie, M.D., Chapel Hill, NC
Floyd W. Denny, Jr., M.D., Chapel Hill, NC
Robert F. Devellis, Ph.D., Chapel Hill, NC
James F. Donohue, M.D., Chapel Hill, NC
William Droegemueller, M.D., Chapel Hill, NC
Thomas M. Egan, M.D., Chapel Hill, NC
David E. Ettrig, Sr., M.D., Chapel Hill, NC
Paul B. Farel, Ph.D., Chapel Hill, NC
Newton D. Fischer, M.D., Chapel Hill, NC
Charles G. Foskey, Chapel Hill, NC
Jeffrey A. Frelinger, Ph.D., Chapel Hill, NC
Eric C. Frey, Ph.D., Durham, NC
William E. Garrett, M.D., Ph.D., Bahama, NC
Leonard S. Gettes, M.D., Chapel Hill, NC
Robert N. Golden, M.D. and Shannon C. Kenney, M.D., Chapel Hill, NC
Joe W. Grisham, M.D., Chapel Hill, NC
John J. Haggerty, Jr., M.D., Chapel Hill, NC
Joseph W. Hall III, M.D., Durham, NC
William D. Heizer, M.D., Chapel Hill, NC
Jeffrey L. Houpt, M.D., Chapel Hill, NC
Gregory F. Hulka, M.D., Hillsborough, NC
David G. Kaufman, M.D., Ph.D., Chapel Hill, NC
William K. Kaufmann, Ph.D., Durham, NC
Scott S. Kelley, M.D., Chapel Hill, NC
Thomas C. Keyserling, M.D., Chapel Hill, NC
Ernest N. Kraybill, M.D., Chapel Hill, NC
Jan A. Kylstra, M.D., Chapel Hill, NC
William E. Lassiter, M.D., Chapel Hill, NC
H. R. Lesesne, M.D., Chapel Hill, NC
Kenneth J. Levin, M.D., Chapel Hill, NC
Jeffrey A. Lieberman, M.D., Chapel Hill, NC
Carol N. Lucas, Ph.D., Chapel Hill, NC
Allan A. Maltbie, M.D., Chapel Hill, NC
Elizabeth S. Mann, M.D., Chapel Hill, NC
Stanley J. Martinkosky, Ph.D., Chapel Hill, NC
Campbell W. McMillan, M.D., Chapel Hill, NC
David F. Merten, M.D., Pittsboro, NC
Anthony A. Meyer, M.D., Chapel Hill, NC
Melanie Mintzer, M.D., Chapel Hill, NC
Don K. Nakayama, M.D., Raleigh, NC

Christian E. Newcomer Ph.D., Chapel Hill, NC
Terry L. Noah, M.D., Carrboro, NC
David A. Ontjes, M.D., Chapel Hill, NC
Anthony N. Passannante, M.D., Chapel Hill, NC
Edward R. Perl, M.D., Chapel Hill, NC
David R. Perry, Chapel Hill, NC
Thomas D. Petes, Chapel Hill, NC
Arthur J. Prange, Jr., M.D., Chapel Hill, NC
Milton D. Quigless, Jr., M.D., Raleigh, NC
Kenneth G. Rech, M.D., Chapel Hill, NC
Desmond K. Runyan,M.D., Chapel Hill, NC
Robert S. Sandler, M.D., Chapel Hill, NC
James H. Scatliff, M.D., Chapel Hill, NC
Nicholas J. Shaheen, M.D. and Amy W. Shaheen, M.D., Chapel Hill, NC
George F. Sheldon, M.D., Chapel Hill, NC
Sidney C. Smith, Jr., M.D., Chapel Hill, NC
Brian C. Stabler, Ph.D., Chapel Hill, NC
Chuck Stone, Chapel Hill, NC
Catherine A. Taylor, M.D., Chapel Hill, NC
Colin G. Thomas, Jr., M.D., Chapel Hill, NC
Michael D. Topal, Ph.D., Chapel Hill, NC
Charles M. Van Der Horst, M.D., Chapel Hill, NC
Judson J. Van Wyk, M.D., Chapel Hill, NC
Mahesh A. Varia, M.D., Chapel Hill, NC
Mark C. Weissler, M.D., Chapel Hill, NC
James R. White, Ph.D., Chapel Hill, NC
Clarence E. Whitefield, Chapel Hill, NC
J. Kenneth Whitt, Ph.D., Chapel Hill, NC
Frank C. Wilson, M.D., Chapel Hill, NC
Richard V. Wolfenden, Ph.D., Chapel Hill, NC
James R. Yankaskas, M.D. and Bonnie C. Yankaskas Ph.D., MPH, Chapel Hill, NC

HOUSESTAFF
Richard C. Andringa, M.D., Greensboro, NC
Ray M. Antley, M.D., Morganton, NC
William B. Applegate, M.D., Winston-Salem, NC
James W. Asaph, M.D., Portland, OR
Thomas M. Bashore, M.D., Durham, NC
Stephen N. Becker, M.D., Libby, MT
Jeffrey P. Bomze, M.D., Bryn Mawr, PA
Thomas A. Brackbill, M.D., Greensboro, NC
Bruce R. Brodie, M.D., Greensboro, NC
Robert A. Brown, M.D., Fort Myers, FL
Wallace D. Brown, M.D., Raleigh, NC
George F. Brumback, M.D., Greensboro, NC
Edwin L. Bryan, M.D., Greensboro, NC
Robert V. Buccini, M.D., Greensboro, NC
Kenneth A. Buddendorff III, M.D., Mobile, AL
William R. Bullock, M.D., Charlotte, NC
Allen E. Cato, Jr., M.D., Durham, NC
G. Rayburn Cheely, M.D., Raleigh, NC
Robert Chevalier, M.D., Charlottesville, VA
Arsenio O. Cordoves, M.D., Miami, FL
Thomas P. Cornwall, M.D., Durham, NC
Stanley C. Cox III, M.D., Southern Pines, NC
Barbara A. Crockett, M.D., Durham, NC
John T. Curnes, M.D. and Cheryl A. Viglione, M.D., Greensboro, NC
Frederic G. Dalldorf, M.D. and Joanna S. Dalldorf, M.D., Chapel Hill, NC
Marsha L. Davenport, M.D., Chapel Hill, NC
A. Joseph D'Ercole, M.D., Chapel Hill, NC
Wayne R. Detorres, M.D., Mahwah, NJ
Donald G. Detweiler, M.D., Raleigh, NC
Douglas R. Dirschl, M.D., Chapel Hill, NC
Diane M. Duffy, M.D., Graham, NC
Michael F. Durfee, M.D., Raleigh, NC
Richard Essner, M.D., Los Angeles, CA
Lisa P. Ferrari, M.D., Durham, NC
Catherine A. Forneris, M.D., Chapel Hill, NC
Charles E. Frederick, M.D., Greensboro, NC
James C. Garbutt, M.D., Pittsboro, NC
Larry D. Grubb, M.D., Florence, SC
Todd H. Hansen, M.D., Asheville, NC
Frank J. Haraf, M.D., Louisville, TN
Carl R. Hartrampf, Jr., M.D., Atlanta, GA
Glenn B. Hays, M.D., North Fort Myers, FL
Xaver F. Hertle, M.D., Greensboro, NC
Michael A. Hill, M.D., Durham, NC
Peter J. Holland, M.D. and Donna S. Holland, M.D., Boca Raton, FL
Robert R. Huntley, M.D. and Joan C. Huntley, Ph.D., Chapel Hill, NC
Burton R. Hutto, M.D., Chapel Hill, NC
Harold N. Jacklin, M.D., Greensboro, NC
Ali Jarrahi, M.D., Winston-Salem, NC
Robert B. Johnson, M.D., Cary, NC
Thomas L. Johnson, M.D., Inglewood, CA
J. Jeff Johnson, M.D., Paducah, KY
F. Douglas Jones, M.D., Greenville, NC
Raleigh O. Jones, Jr., M.D. and Janine C. Jones, M.D., Nicholasville, KY
Hisashi Kajikuri, M.D., Monterey, CA
Jeffrey D. Katz, M.D., Greensboro, NC
Moyra E. Kileff, M.D., Chapel Hill, NC
Jonathan S. Krauss, M.D., Augusta, GA
Walter L. Lamar, M.D., Tulsa, OK
Halcut C. Lawrence III, M.D., Asheville, NC
Randolph L. Lee, M.D., Apex, NC
Steven Lipper, M.D., Chapel Hill, NC
Frank A. Loda, M.D., Chapel Hill, NC
Dr. Jane L. Madison, Chapel Hill, NC
H. Raymond Madry, Jr., M.D., Raleigh, NC
Bruce T. Malenbaum, M.D., Durham,, NC
G. Philip Manire, Ph.D., Chapel Hill, NC
Peter J. Massicott, M.D., Boston, MA
Alan H. Matsumoto, M.D., Charlottesville, VA
Charles R. McAdams, Jr., M.D., Charlotte, NC
James G. McClure, M.D., Memphis, TN
W. Benson McCutcheon, Jr., M.D., Durham, NC
William T. McKinney, Jr., M.D., Madison, WI
Morton Meltzer, M.D., Cameron, NC
Steven L. Mendelsohn, M.D., Asheville, NC
James J. Murphy, M.D., Arden, NC
Mark E. Murphy, M.D., Savannah, GA
Keith A. Nance, M.D., Raleigh, NC
Charles L. Nance, Jr., M.D., Wilmington, NC
John L. Nehil, M.D., Louisville, KY
Richard A. Niles, M.D., Lynchburg, VA
Margaret R. Nusbaum, D.O., M.P.H., Chapel Hill, NC
John W. Oglesby, M.D., Nashville, TN
Frederick H. Opper, M.D., Wilmington, NC
Louis V. Pacilio, M.D., Leeds, MA
Linn H. Parsons, M.D., Winston-Salem, NC
Joseph F. Patterson, Jr., M.D., Chapel Hill, NC
George H. Pierson, Jr., M.D., Greensboro, NC
Cedric W. Porter, Jr., M.D., Asheville, NC
William I. Proctor, M.D., Raleigh, NC
Rupa C. Redding-Lallinger, M.D., Chapel Hill, NC
Hal J. Rollins, Jr., M.D., Greensboro, NC
Roland E. Schmidt, M.D., Chapel Hill, NC
Michael S. Schur, M.D., Satellite Beach, FL
Stephen B. Schuster, M.D., Greensboro, NC
Ronald P. Schwarz, M.D., Raleigh, NC
Stephanie A. Skolik, M.D., Huntington, WV
Bryan W. Smith, M.D. and Mary F. Smith, M.D., Chapel Hill, NC
John J. Solic, M.D., State College, PA
Liang Y. Soo, M.D. and Dixie L. Soo, M.D., Chapel Hill, NC
Ernest B. Spangler, Jr., M.D., Greensboro, NC
Mary C. Steuterman, M.D., Greensboro, NC
Thomas M. Swantkowski, M.D., Southern Pines, NC
Robert V. Sypher, Jr., M.D., Greensboro, NC
Dianne W. Trumbull, M.D., Morgantown, WV
George L. Wallace, Jr., M.D., Martinsville, VA
Torin P. Walters, M.D., Huntington, WV
Brent W. Weston, M.D., Durham, NC
Carrington W. White, M.D., Durham, NC
Kenneth S. White, M.D., Wilmington, NC
Robert W. Whitener, M.D., Greensboro, NC
Frances K. Widmann, M.D., Chapel Hill, NC
Jeffrey L. Wilson, M.D., Glasgow, KY
George T. Wolff, M.D., Greensboro, NC
Lucas Wong, M.D., Temple, TX
H. Linton Wray, M.D., Chevy Chase, MD
Peter R. Young, Sr., M.D., Greensboro, NC
Nakhleh P. Zarzar, M.D., Raleigh, NC
Mary E. Zelenik, M.D., Clifton Forge, VA
Thomas A. Zirker, M.D., Greensboro, NC

Ph.D. GRADUATES
Phyllis G. Andrews, Ph.D., Durham, NC
Linda M. Boland, Ph.D., Woodbury, MN
Philip Brooks, Ph.D., Bethesda, MD
Ronald K. Charlton, Ph.D., Jacksonville, FL
Haroutune Dekirmenjian, Ph.D., Knoxville, TN
Lori Ann Dostal, Ph.D., Brighton, MI
David Joel Edwards, Ph.D. and Mary Herring Edwards, M.D., Pittsburgh, PA
Janet L. Evans, Ph.D., Stockton, NJ
Charles C. Finley, Ph.D, Chapel Hill, NC
James C. W. Finley, Ph.D., Cleveland, OH
Beatrice Hughes-Werner, Ph.D., Chapel Hill, NC
Warren M. Kati, Ph.D., Gurnee, IL
Tee-Ping Lee, Ph.D., Williamsville, NY
Michael J. Lelivelt, Ph.D., Sun Praire, WI
David P. Lewis, Ph.D., Pearl River, NY
David M. Mottola, Ph.D., Tampa, FL
Mary Ella M. Pierpont, Ph.D., Saint Paul, MN
Derek T. Puff, Ph.D., Somersville, MA
Bonnie B. Punske, Ph.D., Sandy, UT
Marjorie S. Read, Ph.D., Durham, NC
Robert A. Schwartzman, Ph.D., Gaithersburg, MD
Peter R. Shank, Ph.D., Rumford, RI
Charles J. Viviano, Ph.D., Beacon Falls, CT
Michael D. Waters, Ph.D., Chapel Hill, NC

President's Letter

The UNC Legacy

Several weeks ago, my workday was off to a tough start. Everyone was showing up for his appointment. This led, inexorably, to my falling further and further behind schedule. Fifteen minutes should be enough time for an internist to see a follow-up patient, but that span is simply not realistic for some. On this particular day, many of my challenging patients were arranged in rapid - a relative term - succession. Most physicians, except perhaps for those in the most rarefied specialties, can relate to my plight.

My first three patients that day arrived bearing carefully recorded lists of their concerns. Despite the written plea posted in my waiting room — "No Lists" — my patients gleefully disregarded my sign. Following instead the advice in *Prevention* magazine on how to get the most out of their visit with the doctor, they honed a detailed outline of the past month's problems. They should have read *Medical Economics* which brands such patients as "difficult," the type to be avoided whenever possible. From either perspective, the dreaded Lists guaranteed that the visits were not going to be neatly tied up in 15 minutes!

Also conspiring to keep me off schedule were several patients with a chief complaint of "weakness." Known all too well by my colleagues in primary care, weakness rivals constipation as the most pervasive malady ever to afflict humankind, yet the medical literature is nearly silent on the subject. There are several variants. Among the most common are: "Doc, I just ain't got no energy." And, "My get up and go done got up and went." Occasionally, after ruling out a few of the common potential underlying diagnoses, I dare to ascribe some symptoms to the aging process. But this can be a less than graceful foray into a thorny dialogue. "I've never had this problem before," the patient insists. "But you've never been 86 before either." I respond plainly if not bluntly. At this point, I have been in the room for 25 minutes and my neatly-crafted office schedule is a distant memory. Such was my busy Monday morning back in August.

What has any of this to do with the UNC Medical Alumni Association? Perhaps this: the frustrations of the morning got me thinking about my role within the larger medical community. Someone has to be first to wade through the vast body of patient complaints. The primary care physician has the responsibility to discern, for example, the pedestrian age-related "weakness" from the "weakness" of iron deficiency, hypothyroidism, or diabetes. Others, such as University faculty, may serve by spending their entire careers on viral hepatitis or glaucoma, becoming authorities within a narrow subject area. Even administrators play a key part in providing timely services in a manner best suited to the patient's needs.

So it is too with UNC School of Medicine. We all occupy an important cog in the machinery of top-flight patient care. Academics teach, conduct research, and treat rare diseases. Dean Houpt deals with the critical macro issues of funding, the Legislature, physical plant needs, and departmental leadership. Students bring energy and enthusiasm into the mix.

We alumni contribute as well. Comprised mostly of physicians in private practice, we provide the bulk of medical care. From our practices can come a stream of patient referrals. Also, regular financial support has a meaningful impact, and this has been particularly true in recent years. Each of us has an opportunity and an obligation to participate in the affairs of our alma mater. After all, it was as students, many years ago, that we first became proud members of the UNC family. Let us all cherish this storied legacy, and respond in kind

Paul Viser, MD '84

CME/Alumni Calendar

November 17, 2000 — The Friday Center, Chapel Hill
Psychiatry Across the Ages: 5th Annual Update

November 18, 2000 — The Friday Center, Chapel Hill
17th Annual George C Ham Symposium

December 1, 2000 — The Friday Center, Chapel Hill
Domestic Violence Conference

December 2, 2000 — The Friday Center, Chapel Hill
A Multidisciplinary Approach to Esophageal Disease

January 18-19, 2001— The Friday Center, Chapel Hill
Challenges in Geriatric Practice: 12th Annual Conference

January 31, 2001 – Chapel Hill
Student Research Day 2001

April 27-28, 2001 – Chapel Hill
Spring Medical Alumni Weekend

For more information about CME courses, contact the Office of Continuing Medical Education at (919) 962-2118 or toll free through the Consultation Center at (800) 852-6264. To contact the Alumni Affairs Office, call (919) 962-6786 or email medical_alumni@med.unc.edu

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____ % of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or jmcneer@email.unc.edu.

Nonprofit Organization
U.S. Postage
PAID
Chapel Hill, NC
Permit No. 24

PERIODICALS DEPARTMENT
HEALTH SCIENCES LIBRARY
CB 7585
CAROLINA CAMPUS 7585